GENERAL HEADQUARTERS
SUPREME COMMANDER for the ALLIED POWERS
PUBLIC HEALTH and WELFARE SECTION

Public Health and Welfare in Japan

Annex and Charts

Public Health and Welfare in Japan

ANNEX

-- Foreword --

The Provisional Summary of Health Statistics for 1948 and Summary of Historical Health Data (1900-1948) contains the most extensive historical health tabulations on Japan that have ever been published in either Japanese or English.

The Summaries are considered a valuable and authentic reference.

PROVISIONAL SUMMARY OF HEALTH STATISTICS FOR 1948 AND HISTORICAL DATA IN JAPAN

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PROVISIONAL SUMMARY OF HEALTH STATISTICS FOR 1948 AND HISTORICAL DATA IN JAPAN

ANNEX

This is a provisional annual report of health statistics for 1948 in Japan. Considerable effort has been made to provide full explanatory footnotes in the tabular presentations.

Monthly statistical reports received by the Health and Welfare Statistics Division of the Public Health and Welfare Section, GHQ, SCAP, from the Health Statistics Department of the Ministry of Welfare were the source of provisional data presented for 1948 and for 1947, excepting that deaths in 1947 may be considered as final tabulations. The monthly reports are made from tabulations of data contained on schedule forms (Ref. charts A-24 and A-28) which are partial transcripts of information given on the original registration forms (Ref. charts A-29 through A-33), commonly referred to as declaration forms. The schedule forms are prepared in the local registration (Koseki) offices, of which there are more than 10,000 scattered throughout Japan in the cities, towns and villages. From the registration offices they are transmitted in duplicate, usually daily, to the health statistics office in the local health center having jurisdiction in the area in which it is located. Once a month they are sent to the Prefectural Health Statistics Office, to be received not later than the twentieth of the first month following the month referred to by the report. They are then transmitted to the Health Statistics Department of the Ministry of Welfare not later than the end of the same month. Monthly tabulations referred to in the beginning of this paragraph are received by Public Health and Welfare Section, GHQ, SCAP, by the end of the second month.

Included in the shipment of schedules for any given month are schedules for events which occurred during the month referred to by the report, which were declared from the first day of the month through the fifteenth of the succeeding month; schedules for events occurring in the previous month, which were declared from the fifteenth to the end of the month referred to in the report; and also schedules for events which occurred in any previous month before that and which were declared in the month being reported. For example, the May shipment of schedules would include schedules for events which occurred in May and were declared between 1 May and 15 June, April events declared between 16 May and 31 May, and events which occurred prior to April that were declared between 1 May and 31 May. Most of the delayed declarations are made within the first half of the succeeding month. A close approximation to the number of events actually occurring in any given month is believed to be obtained by this procedure. All tabulations other than those specifically referred to as provisional in this report are final tabulations and are based upon tabulations of events reported to have occurred during the calendar year referred to.

All geographic tabulations in this report are by place of occurrence. Data refer to Japanese Nationals only and events which occur within Japan proper, excepting that tables 85 and 86 show the

number of vital events reported by months for non-Japanese residents in Japan proper and Japanese Nationals outside of it.

Birth, death, marriage and divorce rates are computed as the number of events per 100,000 estimated population as of 1 July each year for the period 1946 - 1948. On 1 July 1948 the estimated population was 80,200,000. Rates for geographic areas referred to as "shi" and "gun" (Ref. tables 1, 2 and 27) will be found presented both in the tables and the text. These terms cannot be defined with great exactness, but they can be considered to refer to urban and rural sub-divisions. The word "shi" refers to places having a population of 30,000 or more; "gun" to all other places including towns and villages. A "gun" would represent the area of a county exclusive of any "shi" within its borders. The "shi" may be thought of as cities, although there are a few exceptions in which towns have a population of 30,000 or more. The distinction between towns (machi) and villages (mura) is even less definite. The towns would contain more stores, temples, schools, etc., than the villages. All three would have a chief or headman.

Rates for "shi" and "gun" in 1948 are based upon estimated populations. They were obtained by dividing the total estimated population as of 1 July 1948 in the same proportion as prevailed in the population (ration) census taken 1 August 1948. A similar procedure was followed in the computation of rates by prefectures.

All monthly rates and rates based upon data for part of a year are computed on an annual basis. Rates for specific causes of death and also for morbidity are calculated per 100,000 population. Infant death rates and stillbirth rates are calculated per 1,000 live births. All rates contained in this report were computed by the Public Health and Welfare Section, GHQ, SCAP.

The three venereal diseases were made reportable on 16 October 1945; malaria and Japanese "B" Encephalitis, 18 May 1946; measles, whooping cough, tuberculosis (all forms), pneumonia (all forms), influenza, anthrax, glanders, leprosy, puerperal infection, rabies, tetanus, trachoma and yellow fever, 20 January 1947; and poliomyelitis, 2 August 1947. These 19 diseases are generally referred to as "reportable diseases." Prior to 1945 cases were required to be reported for only ten diseases: diphtheria, dysentery, typhoid fever, paratyphoid fever, smallpox, typhus fever, cholera, scarlet fever, epidemic meningitis and plague. They are generally referred to as "legal diseases" because their reporting was required by the Diet.

The number of cases reported prior to 1946 was obtained from the annual reports of the Ministry of Welfare. For 1946 - 1948 they were taken from the weekly reports of communicable diseases of the Ministry of Welfare.

Monthly morbidity data prior to 1946 refer to calendar months, but for 1946 - 1948 they are based on reports for four or five-week periods.

In general, data for deaths were obtained from tabulations of schedules made from original registrations, but they were not available for the period 1944 - 1946 for specific diseases. Consequently, the information for those years was obtained from what are commonly referred to as "follow-up reports." These are reports of the termination of cases of disease by physicians to health offices, according to recovery or death. It was not until January of 1948 that schedule forms of deaths were routed through the health offices. Prior to that date, the only current weekly record of deaths from disease was that provided by the "follow-up reports." On the basis of subsequent comparisons with schedule deaths, the number of deaths obtained by the follow-up reports is believed to be understated.

In general, totals for births, deaths, infant deaths, marriages and divorces for the entire period 1920 - 1948 refer to Japanese Nationals in Japan proper. The data include the military population in the country during the war years. Deaths from specific causes, 1920 - 1942, refer to Japanese Nationals including military personnel in Japan proper and Okinawa. Data for 1943 include Karafuto also. Deaths from specific causes, 1944 - 1946, refer to civilians in Japan proper, including Japanese Nationals and foreigners except members of the Occupation Forces. Military personnel are excluded. All data for 1947 and 1948 refer to Japanese Nationals in Japan proper.

Morbidity data for 1920 - 1936 refer to the civilian populations in Japan proper and Okinawa. Data for 1937 - 1948 are for Japan proper only. The civilian population includes both Japanese Nationals and foreigners except members of the Occupation Forces.

Attention is called to the fact that the monthly death statistics for 1947 and 1948 are based on calendar months, whereas the monthly case reports are based on combinations of data for four or five-week periods. All morbidity rates are on a per annum basis.

POPULATION AND NATURAL RATE OF INCREASE

Population. In 1948 the estimated population as of 1 July was 80,200,000. Beginning in 1920, populations were based upon census data. Prior to 1920 they were based upon the Honseki population records. Because additions and subtractions were not always made when a family left the place of Honseki (ancestral seat) or transferred their residence, estimates before 1920 are subject to an unknown amount of underestimation. If these records had been kept accurately, dependable and continuous population data would have been available. This can still be done and with tremendous financial saving to the people of Japan.

Official Japanese records give the population for 1872 as 33,110,825. Within 61 years (1933) it had doubled. Since the first census was taken in 1920 (55,391,481) the population in 1948 had increased 45%. (Ref. table 3).

Prefectural population estimates (1920 - 1948) will be found in table 1. Tokyo led the list with an estimated population of 5,417,000. Hokkaido was second with 4,020,000; Osaka third with

3,515,000 and Fukuoka fourth with 3,312,000.

Provisional population estimates according to age and year prepared by the Institute of Population Problems, Ministry of Welfare, will be found in table 2. The per cent distribution for 1947 was as follows: 0-4 years (12.4), 5-9 years (11.6), 10-14 years (11.3), 15-19 years (10.6), 20-24 years (9.0), 25-29 years (7.0), 30-34 years (6.6), 35-39 years (6.3), 40-44 years (5.4), 45-49 years (4.9), 50-54 years (4.0), 55-59 years (3.4), 60 years and over (7.5).

Natural Rate of Increase. There were 2,709,871 births and 959,092 deaths in 1948. The excess of births over deaths was 1,750,779 and the natural rate of increase was 21.8 per 1,000 population, the highest ever recorded. It was the result of the combination of a high peak post war birth rate and the lowest death rate ever recorded. The birth rate decreased slightly from 34.8 in 1947 to 33.8, but was still the second highest rate to be recorded in 20 years. At the same time the death rate decreased from 14.6 to 12.0. (Ref. chart A-7).

From 1900 to 1948, the rate of natural increase fell sharply on four occasions. The first major decline occurred during the Russo-Japanese war, reaching its lowest point (9.1) in 1906. A seven-year period elapsed after 1901 when the decrease began until the rate had returned to approximately the same level (12.8) in 1908. During the next seven years the rate rose to a high point (13.8) in 1913 only to return to 13.0 in 1915. The second marked low point (5.4) was in 1918, the year in which World War I ended and the world-wide influenza outbreak occurred. Nine years passed between 1915 and the return of the rate to 12.7 in 1924. The rate continued to rise to a high point (15.6) in 1926. Following that it experienced an irregular downward trend until 1937, the year of the China Incident. Thirteen years elapsed between 1924 and the recording of the third extensive fall in the rate.

It decreased to 8.8 in 1939, a little below the low point reached in 1906. Within three years from the time it first began to decline, it had returned to a level of 12.9 in 1940 - less than half the time it took in the first instance, and one-third of that recorded in the second. The rate continued to rise reaching a high point (15.4) in 1941, almost equalling the figure recorded fifteen years before. Unlike previous years, it decreased immediately and by 1943 it was down to 14.0 and to 11.8 in 1944. In a single year the rate fell to a negative value of 6.0 in 1945. It then increased very rapidly and in two years had reached the highest point (20.2) ever recorded. This was extended to 21.8 in 1948.

If a reference line of net natural increase was drawn at a level of 12.0 per 1,000 population across a chart containing the annual rates, it would divide the historical series into four cycles, the last of which has not yet been completed. The first cycle extended over a 15-year period, 1901 - 1915. The second cycle was also of 15 years, 1915 - 1929. From 1929 through 1937 the curve was irregular.

The trend was downward and there was no cyclical movement. There was a seven-year cycle from 1937 to 1943. At present we are experiencing the upper phase of a fourth cycle which began in 1944. It is not possible to say with certainty when the rate will return to the reference line of 12.0, completing the cycle. If approximately half of the cycle was completed between 1944 and 1946, it is quite possible that the second half will be terminated in 1950 or possibly a little before. Like the third cycle, this one may also be one of seven years' duration. (Ref. table 27).

Growth of the population in the future will depend largely upon the natural rate of increase (excess of births over deaths). At the present time it (21.8 per 1,000 population) is almost double what it might have been expected to be on the basis of past trends. The birth rate both in 1947 and 1948 has been abnormally high, but this is not expected to continue indefinitely. Studies originally made on this subject during the summer of 1947 by the Public Health and Welfare Section indicate that the estimated population in 1960 is unlikely to be less than 90 million and possibly as high as 93 million. Correspondingly, estimates for 1970 may be 95 to 100 million and for 1980, 98 to 106 million.

Births. Live births totalled 2,709,871 in 1948. The crude birth rate was 33.8 per 1,000 population, which represents a small decrease of 1.0 per 1,000 population compared to the figure (34.8) for 1947. During the decade 1920 - 1929, rates such as those recorded in 1947 and 1948 were the rule rather than the exception. There are principally two reasons why the rate did not decrease more in 1948. The huge number of males repatriated to Japan resulted in an unusually high number of marriages. Added to this was a large number of marriages among persons in Japan proper who had delayed marriage because of the war. This resulted in the second highest number of births in the history of Japan. Special studies of the births in 1948, according to order of birth, show that an abnormally high percent were first births (33.1%).

It is expected that the birth rate will decrease more than 1.0 per 1,000 population in each of the next two years. If it decreased to the level of the long-time downward trend established in 1920, it would have to fall to approximately 25.0 in 1950. This would require an average reduction of about 4.4 per 1,000 population per year, which seems most unlikely when the annual average decrease from 1920 to 1937 was only 0.3. However, since the period of the China Incident in 1937, the birth rate has experienced much greater annual fluctuations than before that date. Until the birth rate reaches a point in which the fluctuations are less marked, the rate may continue to have comparatively large annual changes, but probably not greater than 2 or 3 per 1,000 population. If that should occur, the rate might decrease to the long-time trend level by 1951 or 1952. Annual predictions concerning the future birth rate are hazardous, especially for the next few years, but over longer periods the birth rate will certainly decrease, possibly as low as 20 per 1,000 population in 20 years.

From 1875 (25.6) to 1901 (33.1) the trend in the birth rate was upward. (Ref. chart A-1 and table 4). Then, during the period of the Russo-Japanese war, it was downward for five years, only to rise to the level of 33.1 again in 1907. After 1907 the trend was generally uneventful with a rate in 1915 of 33.1. It decreased steadily to a point of 31.6 in 1919. However, after the end of the World War I period, the rate rose to an all-time high point of 36.3 in 1920.

From the 1920 peak it declined steadily to 26.6 in 1939, the lowest point of record since 1884. Concurrent with the China Incident, the rates fell sharply in 1938 and 1939. The birth rate rose sharply in 1940 (29.4) and 1941 (31.1), remained the same (30.3) for the next two years and decreased slightly in 1944. It fell precipitously in 1945 (23.2) to the lowest point since 1872, the earliest year for which data are available. However, following the end of the war it rose to 25.3 in 1946 and then continued to increase very rapidly to 34.8 in 1947, after which it decreased to 33.8 in 1948. Such increases are typical of past experiences after periods of war.

The birth rate for all "shi" combined was 32.3 per 1,000 population in 1948 and for all "gun" 34.6. (Ref. table 49).

In 40 of the 46 prefectures (Ref. chart A-16 and tables 8 and 49) the rates remained within upper and lower limits of 10% of the national average. Prefectures having rates of more than 10% above the national average were Aomori, Hokkaido and Miyazaki; more than 10% below were Nagano, Nara and Tokyo.

The seasonal cycle in the birth rate (Ref. chart A-3 and tables 6 and 51) in Japan usually moves from a high point in January to a low point in May or June, rises to a secondary peak in November and then decreases in December. The monthly distribution for 1948 followed the usual seasonal pattern. Rates for the months in the first quarter exceed those recorded in the previous year; however, for the remainder of the year the opposite was true, excepting in November when the rates were practically equal.

The high January rate is partly due to the custom of making registrations of births in January which actually occue in December in order to avoid having the infant become two years of age as it would if recorded in December, under the Japanese way of counting age. This phenomenon explains only part of the rise in January. An unknown number of births which occur in December are registered in January, because of the belief held by some people that the first month of the year is a lucky month in which to be born. These practices result in an untrue rise in the January rate and a corresponding reduction in the December rate. In spite of efforts to discourage the attempts of people to declare births falsely in December and January, by calling the attention of local registration authorities to this practice and instructing them to check the date (month) of birth when declarations were made as stated in the personal particulars by the declarant and in the medical certification by the attendant at birth, the situation was not improved.

The Ministry of Education announced that it is expected that the customary way of counting Japanese age is going to be abolished on 1 January 1950 and that in the future the legal age (European method of counting) would be used. This will greatly aid vital statistics work in several ways. It will serve to reduce the false rise in December and fall in January of both infant death rates and stillbirth rates. It will no longer be necessary to convert tabulations by Japanese age to European age.

Monthly birth rates in the first quarter of the year have always been noticeably higher than those in the rest of the year. Seven times since 1920 the March rate has exceeded the January figure. (Ref. chart A-2).

Prior to 1947 the order of birth to the mother was never tabulated. For live births 34.1% were first born, 15.9% second born, 11.6% third born, 9.6% fourth born, and 8.1% fifth born. For stillbirths 28.6% were first born, 20.2% second born, 15.2% third born, 11.4% fourth born and 8.4% fifth born. The percent of births which were first born is believed to be very much higher than normal because of the unusually large number of marriages which have taken place and the return of large numbers of repatriates in recent years.

NUMBER OF LIVE BIRTHS AND STILLBIRTHS
ACCORDING TO ORDER OF BIRTH, JAPAN 1947

Order of Birth	Live Births		Stillbirths	
	Number*	Percent	Number*	Percent
Total	2,678,792	100.0	123,837	100.0
1st	765,860	28.6	42,257	34.1
2nd	542,269	20.2	19,694	15.9
3rd	407,944	15.2	14,353	11.6
4th	305,521	11.4	11,934	9.6
5th	226,016	8.4	10,026	8.1
6th	162,032	6.0	8,221	6.6
7th	111,647	4.2	6,316	5.1
8th	72,604	2.7	4,548	3.7
9th	42,769	1.6	3,006	2.4
10th	22,797	0.9	1,761	1.4
11th	10,772	0.4	932	0.8
12th	4,676	0.2	426	0.3
13th	1,730	0.1	181	0.1
14th	584	0.0	84	0.1
15th	173	0.0	31	0.1

* Final tabulations of births and stillbirths in 1947. Percents shown as 0.0 are less than one-tenth of one percent.

NUMBER OF LIVE BIRTHS AND STILLBIRTHS
ACCORDING TO ORDER OF BIRTH, JAPAN 1947
(Continued)

Order of Birth	Live Births		Stillbirths	
	Number*	Percent	Number*	Percent
16th	57	0.0	7	0.0
17th	15	0.0	3	0.0
18th	5	0.0	-	0.0
19th	2	0.0	2	0.0
20th	1	0.0	-	-
21st	1	0.0	-	-
Unknown	1,317	0.1	55	0.1

* Final tabulations of births and stillbirths in 1947. Percents shown as 0.0 are less than one-tenth of one percent.

Special studies of provisional data for 1948 based on random sampling show that physicians attended 3.7% of all live births, midwives 92.2% and 4.1% were unattended by any licensed physician or midwife.

In 1942 there were more than 25,000 plural births compared to a little more than 13,000 in 1923. The corresponding ratios of plural parturitions to total parturitions were 1 to 183 and 1 to 333. The increase of 7.3% in the total births (live births and stillbirths) does not explain the great difference in the ratios for these two years. In 1942, the ratio of triplet parturitions to total parturitions varied as the square of the ratio for twin parturitions. Although the ratio of plural parturitions to total parturitions has increased quite steadily from 1922 to 1942, this should not be interpreted as meaning that the likelihood of twin parturitions approximately doubled over the 20-year period. It is more likely that it reflects a change of attitude of the Japanese people toward the registration of plural births. In the distant past, plural births used to be considered subject for humorous remarks or even ridicule. It has been said that people would sometimes give away one of the infants in order to avoid public embarrassment. In view of the fact that plural births are often accompanied by stillbirths, there may have been a tendency in earlier years not to register the stillborn. Consequently, many plural births may have been registered only as a single birth. With the passage of time and change of attitude toward plural births, it is expected that more such births were registered and this may be considered as a partial explanation of the increase in the ratio of plural parturitions. The increase is believed to be more apparent than real. In the United States in 1942, the ratio of plural parturitions to total parturitions was half of that in Japan.

NUMBER OF PLURAL BIRTHS*
JAPAN AND OKINAWA, 1923-1942

Year	Total Births** (Live births & stillbirths)	Plural Births				
		Total Plural	Twins	Triplets	Quadruplets	Quintuplets
1942	2,329,108	25,338	25,108	225	-	5
1941	2,380,683	24,575	24,250	321	4	-
1940	2,217,901	17,824	17,640	180	4	-
1939	1,999,922	15,268	15,112	156	-	-
1938	2,027,849	14,283	14,150	129	4	-
1937	2,292,219	16,244	16,032	204	8	-
1936	2,213,025	16,388	16,214	174	-	-
1935	2,306,297	18,059	17,858	201	-	-
1934	2,156,826	15,923	15,758	165	-	-
1933	2,235,391	15,464	15,314	150	-	-
1932	2,302,321	16,967	16,778	189	-	-
1931	2,219,293	15,999	15,828	171	-	-
1930	2,202,831	15,755	15,566	189	-	-
1929	2,193,997	14,918	14,786	132	-	-
1928	2,256,043	15,593	15,440	153	-	-
1927	2,177,659	14,324	14,162	162	-	-
1926	2,228,443	15,360	15,186	174	-	-
1925	2,210,494	13,919	13,778	141	-	-
1924	2,124,359	12,836	12,670	162	4	-
1923	2,177,160	13,079	12,950	129	-	-

* Includes live births and stillbirths after third month of utero-gestation.

** Includes single births.

No data are available 1920 - 1922 or subsequent to 1942.

RATIO OF PLURAL PARTURITIONS TO TOTAL PARTURITIONS*
JAPAN AND OKINAWA, 1923-1942

Year	Ratio				
	All Plural	Twins	Triplets	Quadruplets	Quintuplets
1942	1:183	1:184	1:30,885	-	1:2,316,400
1941	1:194	1:195	1:22,134	1:2,368,341	-
1940	1:249	1:250	1:36,816	1:2,208,958	-
1939	1:262	1:264	1:38,313	-	-
1938	1:284	1:286	1:46,993	1:2,020,685	-
1937	1:283	1:285	1:33,589	1:1,142,031	-
1936	1:270	1:272	1:38,014	-	-
1935	1:255	1:257	1:34,287	-	-
1934	1:271	1:273	1:39,070	-	-
1933	1:289	1:291	1:44,553	-	-
1932	1:271	1:273	1:36,410	-	-
1931	1:277	1:279	1:38,794	-	-
1930	1:280	1:282	1:34,840	-	-
1929	1:294	1:296	1:49,693	-	-
1928	1:289	1:291	1:44,083	-	-
1927	1:304	1:306	1:40,194	-	-
1926	1:290	1:292	1:38,288	-	-
1925	1:318	1:320	1:46,883	-	-
1924	1:331	1:334	1:39,221	1:2,117,913	-
1923	1:333	1:335	1:50,479	-	-

* Includes parturitions after third month of uterogestation, whether live born or stillbirth.

No data are available 1920 - 1922 or subsequent to 1942.

MORTALITY AND MORBIDITY

Deaths totalled 959,092 in 1948. The crude death rate was ~~21.0~~ 12.0 per 1,000 population, the lowest rate ever recorded.

From 1875 (19.3) to 1884 (18.8) the over-all trend in the death rate was rather uneventful but was followed by a sharp rise in 1885 (23.4) and 1886 (24.4), then falling in 1887 and 1888 to 19.3 and 19.0 respectively. There was an upward movement until 1893 (22.7), then in 1894 the death rate dropped to 20.1, remained practically level for 15 years, rose slightly in 1909 (21.9) and then decreased until 1913 (19.4). The rate then rose to a peak in 1918 (26.8), the year of the world-wide outbreak of influenza, decreased slightly the next year, rising to a secondary peak in 1920 (25.4) after which it fell rather steadily until 1935 (16.8), the lowest figure of record

in more than half a century. For the next four years the trend in the rate was slightly upward, with a rate in 1939 of 17.8, after which it declined to 15.7 in 1941. Its course turned upward rather slowly until 1944 (17.4) and then suddenly rose to the highest point of record in 1945 (29.2), the most severe year of the war in Japan proper. The rate then fell as rapidly as it had risen to the lowest point of record in more than 70 years since dependable data became available. (Ref. chart A-1 and table 4).

The death rate for all "shi" combined was 11.0 and for all "gun" 12.5.

Prefectural death rates (Ref. chart A-16 and tables 49 and 53) ranged from 9.8 in Tokyo to 18.7 in Fukui. The high rate in Fukui Prefecture was the result of a devastating earthquake. In 31 out of the 46 prefectures the rates were within the limits of plus or minus 10% of the national average. Eleven prefectures had rates in excess of 10% above the national average. They were as follows: Akita, Aomori, Fukui, Ishikawa, Iwate, Niigata, Oita, Saga, Shimane, Toyama, and Yamagata. Rates more than 10% below the national average were recorded in four prefectures: Kanagawa, Osaka, Shizuoka and Tokyo.

The distribution of monthly death rates (Ref. chart A-4 and tables 10 and 59) followed the general seasonal pattern of previous years. However, the tendency for the midsummer peak in the rate was less noticeable. The rates recorded for each month were the lowest on record, according to data available since 1920. (Ref. chart A-2). In many instances, the monthly rates for 1948 were only half of the rates recorded during the five-year period 1920 - 1924.

A special sampling study conducted on death registrations made in October, 1948, shows that an average of approximately 42% of all medical certifications contain two or more causes of death. Prior to the introduction of the uniform, standard National Registration Form in October, 1946, about 10% contained two or more causes.

DEATH ACCORDING TO AGE

Data for deaths according to age were not available for inclusion in this provisional report for 1948 because monthly vital statistics reports do not contain such information. However, a historical series has been prepared including final age tabulations for 1947. Rates for all Japan, shown in tables 4 and 19, do not agree exactly because it was not possible to obtain age specific data that were exactly comparable as regards the geographic area. The differences are not more than one or two-tenths per 1,000 population. Explanatory footnotes will be found on both tables. Data are not available for 1944 - 1946.

At under four years in 1920 the rate was 69.4 per 1,000 population. By 1942 it had decreased to 33.4, somewhat more than 50%. The rate increased to 36.0 in 1943 and then returned in 1947 to the second lowest point of record (33.8). (Ref. tables 18 and 19).

A reduction of 50% was recorded at 5-9 years between 1920 (6.7) and 1947 (3.3). This is the lowest point which has been recorded. In 1920 the rate for 10-14 years was 4.9 and by 1947 it had decreased to 1.9, a reduction of more than 60%. The 1947 figure (4.4) for 15-19 years was about one-third the 1920 rate (12.3). Approximately a 50% reduction occurred at 20-24 years, 25-29 years and 30-34 years. At 35-39 years it was about 45% and at 40-44 years, 40%. At 45-49 and 50-54 years it decreased by almost one-third. The reduction was a little less than one-fourth at 55-59 years. At 60 years and over the decrease was 16%.

DEATHS FROM SELECTED CAUSES

Reductions in mortality rates from many specific causes of death in 1948 are striking. Death rates for the following 19 causes were the lowest on record according to data recorded on or after 1920: intracranial lesions, diarrhea and enteritis, pneumonia (all forms), congenital debility, nephritis, ill-defined and unknown causes, simple meningitis, pleurisy not specified as tuberculosis, influenza, beriberi, diabetes, dysentery, senility, whooping cough, diseases of childbirth - pregnancy - puerperum, syphilis, diphtheria, typhoid fever and paratyphoid fever. Death rates for scarlet fever, leprosy, rabies and smallpox equalled the lowest of record for these diseases. There were no deaths from glanders, plague, cholera, anthrax and yellow fever. The rate for tuberculosis (all forms) was the second lowest of record and the same was true of measles. In the latter case the rate was almost equal to the lowest.

On the other side of the picture, the death rate from homicide was the highest of record in 1948 as was that for congenital malformations and injury at birth. It was second highest from ulcer of the stomach or duodenum, and premature birth.

Tuberculosis, All Forms (Int. List No. 13-22). The leading cause of death in 1948 was tuberculosis, which was responsible for 145,256 deaths and a death rate of 181.1 per 100,000 population, the second lowest ever to be recorded. More than 15 of each 100 deaths recorded from all causes were attributed to this disease. Between 1920 and 1933, tuberculosis was the second or third leading cause of death. Since 1934 tuberculosis has held the first position. (Ref. chart A-5 and tables 16 and 17).

In 1918, the year of the world-wide influenza epidemic, the death rate from tuberculosis rose to its highest peak (253.0). During the succeeding 14 years it decreased 30% to a low point (179.5) in 1932, after which it increased gradually to 218.2 in 1942. From 1942 it rose rapidly to an all-time high point of 280.0 in 1945, after which it fell sharply in 1946 (264.2) and 1947 to a low point of 187.5 and still further to 181.1 in 1948. The extensive use of BCG immunizations against tuberculosis in the last few years is largely responsible for this reduction. (Ref. chart 12 and table 14).

The death rate from tuberculosis for all "shi" combined was 224.9% higher than for all "gun" (158.0). (Ref. charts A-5 and A-6 and tables 20 and 21).

Prefectural death rates (Ref. tables 12 and 57) from this disease ranged from 104.5 in Yamanashi to 244.8 in Hokkaido. Twenty-three prefectures had rates within limits of 10% above and below the national average; rates in nine prefectures exceeded the national average by more than 10%, and rates in 14 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Hokkaido (244.8), Aomori (234.6), Kyoto (221.7), Tokyo-to (221.0) and Fukuoka (218.1). Those having rates much lower than average included Yamanashi (104.5), Ibaraki (115.4), Tochigi (130.2) and Saitama (138.4).

Cases totalled 378,851 in 1948 (Ref. tables 63 and 68). The case rate was 475.0 per 100,000 population. In view of the fact that tuberculosis was not made a reportable disease until 1947, historical morbidity data cannot be given.

The seasonal distribution of the case rates (Ref. tables 65, 67 and 70) showed the lowest point (292.4) was in January, following which it rose to a peak of 569.4 in June. It then declined generally until December (443.4) but not as rapidly as it had risen.

Prefectural case rates (Ref. chart A-19 and table 68) from this disease ranged from 210.6 in Yamanashi to 868.1 in Shimane. Only seven prefectured had rates within limits of 10% above and below the national average; rates in 14 prefectures exceeded the national average by more than 10%, and rates in 25 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Shimane (868.1), Iwate (706.7), and Ishikawa (687.2). Those having rates much lower than average included Yamanashi (210.6), Chiba (237.8), Kumamoto (243.8), Wakayama (251.8) and Kagoshima (255.4).

The percent distribution of deaths from tuberulosis in 1948 according to age was as follows: under five years (4.2%), 5-9 years (212%), 10-14 years (2.2%), 15-19 years (10.0%), 20-24 years (20.4%), 25-29 years (15.5%), 30-34 years (11.6%), 35-39 years (8.9%), 40-44 years (6.6%), 45-49 years (5.4%), 50-54 years (4.4%), 55-59 years (3.5%), 60 years and over (5.0%). It may be noted that the combined percent under 15 years was less than that at 15-19 years. The peak was at 20-24 years, being double that for the five-year period immediately preceding it. From 15 to 34 years, well over half of all deaths from this disease occurred. (Ref. table 20).

A review of the age-specific death rates for 1947 shows remarkable reductions in certain age groups. In the age group under five years the trend was downward from 1920 (107.8) to 1932 when the lowest point (51.0) was reached. Between 1932 and 1939 (65.5) the trend was upward. The rate decreased to 55.4 in 1940, about which level it remained for three years and then rose sharply to 66.0 in 1943. Data are not available for 1944 - 1947. By 1947 the rate had decreased slightly to 64.1. Compared to its lowest point in 1932, the 1947 figure represents an increase of 25.7%. (Ref. chart 13 and table 21).

The trend of the death rate at 5-9 years was somewhat similar to that under five years up to 1939. In 1920 the rate was 71.0. It decreased to 41.9 in 1932 and then rose to 48.4 in 1939 after which it fell to 35.0 in 1942, its lowest point, rising to 39.7 in 1947, an increase of 13.4% above its lowest point.

The trend in the rate at 10-14 years roughly paralleled that at 5-9 years, beginning in 1920 with a rate of 139.0, reaching a low point (92.1) in 1932 and rising to 110.1 in 1936, decreasing slightly to 106.3 in 1937 at which level it remained for three years. Between 1939 and 1942 it decreased at the same rate as it did at 5-9 years, reaching its lowest point (69.6) in 1943. By 1947 it had fallen sharply to 41.4. The 1947 rate was 40.5% below its previous lowest point of record.

In 1920 the rate at 15-19 years was 440.1. Its trend in the earlier years was much flatter than that of the younger age groups. After decreasing to a low point (355.8) in 1932 it rose to its highest point (452.8) of record in 1940, decreasing to 403.8 in 1943. By 1947 it had fallen sharply to 201.9, 43.3% below its previous low point.

The death rate at 20-24 years in 1920 was 478.7. The trend in the rate for this age group tended to be rather parallel to that at 15-19 years, but somewhat flatter up to 1932, when the rate was 429.5, practically equal to that recorded in 1924 (429.2). After 1932 the upward trend was a little more pronounced with the rate reaching the highest point (617.4) of record for this age group in 1943. By 1947 it had fallen to 421.2, 1.9% below its lowest point.

In 1920 the rate at 25-29 years was 372.6. Its trend was downward to 1926 (326.2) after which it turned upward reaching the highest point (514.5) in 1943. The 1947 rate was 392.2, a reduction of 20.2% below the lowest point reached previously since 1920.

The 1947 rate in the age groups 30-34 years, 35-39 years, 40-44 years and 45-49 years is either the highest or second highest of record. It was third highest at 50-54 years and 55-59 years, and sixth at 60 years and over.

Intracranial Lesions of Vascular Origin (Int. List No. 83). The second leading cause of death was intracranial lesions of vascular origin, which caused 94,906 deaths, more than 9% of deaths from all causes. The death rate was 118.3 per 100,000 population, the lowest ever to be recorded. Data are not available for the period 1944 - 1946. Since 1921 it has held second, third or fourth place among the ten leading causes of death. (Ref. chart A-5 and tables 13, 14, 15, 16 and 17).

In 1920 the rate was 157.6, following which the trend was generally upward to 1939, the highest point (183.0) ever reached; the rate decreased to 162.8 in 1943. The 1947 figure was 129.6.

For all "shi" combined the rate was 92.9 and for all "gun" 131.8.

Prefectural rates (Ref. tables 56 and 57) ranged from 80.3 in Osaka to 196.0 in Akita. Twenty-one prefectures had rates within 10% above and below the national average; rates in 15 prefectures exceeded the national average by more than 10%, and rates in ten prefectures were more than 10% below. Included among prefectures having rates well above the average were Akita (196.0), Iwate (183.5), Yamagata (170.7), Niigata (162.8) and Ibaraki (156.5). Those having rates well below the average included Osaka (80.3), Hokkaido (81.2), Tokyo (87.7), Kyoto (91.9) and Hyogo (94.2).

Diarrhea, Enteritis and Ulceration of the Intestines (Int. List No. 119 - 120). There were 83,979 deaths from this cause, and the death rate was 104.7, the lowest ever recorded. This cause of death held third place in 1948 and the same position of importance among the leading causes of death in 1947. For 13 years (1921 - 1933) it was the leading cause of death. From 1934 - 1937 it was in second or third place, and then for six years (1938 - 1943) it held fourth place. Almost nine of each 100 deaths from all causes resulted from diarrhea, enteritis and ulcerations of the intestine (Ref. chart A-5 and tables 13, 14, 15, 16 and 17). In 1923 the rate reached a high point of 283.6, after which it decreased to 131.2 in 1942, then rose to 142.4 in 1943. Data are not available for the period 1944 - 1946, but by 1947 it had fallen to 130.1.

The rate for all "shi" combined was 78.1 and for all "gun" 118.8. Obviously, the rural areas suffer most from this cause.

Prefectural rates ranged from 49.7 in Tokyo to 207.1 in Aomori. Nineteen prefectures had rates within limits of 10% above and below the national average; rates in 13 prefectures exceeded the national average by more than 10% and rates in 14 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Aomori (207.1), Fukui (199.3), Toyama (186.6), Akita (183.2) and Ishikawa (174.0). Those having rates much lower than average included Tokyo (49.7), Kanagawa (61.1), Aichi (77.2) and Fukuoka (79.4).

Diarrhea, Enteritis and Ulceration of Intestines, Under Two Years (Int. List No. 119). There were 48,843 deaths from this cause and the death rate, the lowest of record, was 60.9 per 100,000 population at all ages. In 1923 the rate (160.0) reached a high point, after which it decreased to a low point (64.3) in 1941, following which it increased to 65.9 in 1942 and 71.4 in 1943. Data are not available for the period 1944 - 1946. The rate in 1947 was 71.1. The 1948 rate (60.9) is less than half the rate (124.1) which prevailed in 1932.

The rate for all "shi" combined was 48.9 compared to 67.2 for all "gun."

Prefectural rates (Ref. tables 56 and 57) ranged from 33.9 in Tokyo to 161.2 in Aomori. Only eight prefectures had rates within

limits of 10% above and below the national average; rates in 16 prefectures exceeded the national average by more than 10%, and rates in 22 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Aomori (161.2), Akita (130.6), Iwate (123.3), Ishikawa (119.6), Fukui (117.2) and Toyama (116.0). Those having rates much lower than average included Tokyo (33.9), Nagano (38.3), Kanagawa (39.6) and Gumma (40.1).

Diarrhea, Enteritis and Ulceration of Intestines, Two Years and Over (Int. List No. 120). There were 35,136 deaths from this cause, and the death rate was 43.8 per 100,000 population at all ages, the lowest of record. In 1923, the rate rose to a peak of 123.6, after which it decreased nearly 45% to 69.0 in 1935. During the subsequent four years it rose to 83.7 in 1939, only to decline to a low point (65.2) in 1942 and then rise to 71.0 in 1943. Data for the period 1944 - 1946 are not available, but in 1947 the rate had decreased to 58.9.

The rate for all "shi" combined was 29.2 and for all "gun" 51.5.

Prefectural rates ranged from 15.7 in Tokyo to 82.1 in Fukui. Thirteen prefectures had rates within limits of 10% above and below the national average; rates in 21 prefectures exceeded the national average by more than 10% and rates in 12 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Fukui (82.1), Shiga (72.9), Niigata (72.5), Toyama (70.5), Gumma (62.4), Okayama (62.4) and Yamagata (62.2). Those having rates well below average included Tokyo (15.7), Kanagawa (21.5), Miyagi (26.4) and Fukuoka (28.0).

Senility (Int. List No. 162). There were 64,503 deaths from senility, the fourth leading cause. (Ref. chart A-5 and tables 13, 14, 15, 16 and 17). More than six of each 100 deaths from all causes were attributed to senility. The death rate was 80.4 per 100,000 population. Senility has been the fifth leading cause of death every year since 1921, when the rate was recorded as 133.4. It decreased steadily to 111.1 in 1926, after which it rose and fell, reaching a point of 134.1 in 1943. The rate in 1947 was 101.2.

For all "shi" combined the rate was 56.6, and for all "gun" 93.0.

Prefectural rates (Ref. tables 56 and 57) ranged from 44.6 in Tokyo to 136.4 in Kochi. Fifteen prefectures had rates within limits of 10% above and below the national average; rates in 21 prefectures exceeded the national average by more than 10%, and rates in ten prefectures were more than 10% below. Included among the prefectures having rates well above the average were Kochi (136.4), Tottori (122.4), Okayama (119.3), Fukui (116.8) and Tokushima (112.7). Those having rates much lower than average included Tokyo (44.6), Hokkaido (54.3), Kanagawa (57.7), Fukuoka (62.5) and Toyama (63.5).

Cancer and Other Malignant Tumors (Int. List No. 45 - 55). The fifth leading cause of death was cancer (Ref. chart A-5 and tables 13, 14, 15, 16 and 17) which caused 55,933 deaths, and the death rate was

69.7 per 100,000 population. Out of each 100 deaths from all causes, a little less than six were attributed to this disease. This cause of death has become increasingly important over the past quarter of a century. From 1921 to 1931 cancer held tenth position seven times and ninth position three times. Between 1932 and 1940 it occupied eighth place and then advanced to seventh in 1941. Again it advanced and held sixth position in 1942, 1943 and 1947.

The rate in 1920 was 72.1. The trend was slightly downward to 68.9 in 1929. It rose to 69.7 in 1930 and then decreased to 68.1 in 1931. It increased to 70.2 in 1934, after which it remained uneventful, being 70.9 in 1943. Data are not available for the period 1944 - 1946. The rate (68.0) recorded in 1947 was the lowest of record and practically equal to the 1931 figure.

The rate for all "shi" combined was 73.8 and for all "gun" 67.6.

Prefectural rates ranged from 45.7 in Iwate to 101.7 in Nara. Twenty-four prefectures had rates within limits of 10% above and below the national average; rates in 13 prefectures exceeded the national average by more than 10%; and rates in nine prefectures were more than 10% below. Included among the prefectures having rates well above the average were Nara (101.7), Saga (86.0), Niigata (84.2), Wakayama (83.7), Tottori (83.5), Chiba (82.9) and Okayama (82.4). Those having rates much lower than average included Iwate (45.7), Aomori (51.6), Hokkaido (55.3), Kagoshima (52.4) and Shizuoka (56.5).

Pneumonia, All Forms (Int. List No. 107 - 109). The sixth leading cause of death was pneumonia (Ref. chart A-5 and tables 13 and 17), which was responsible for 53,428 deaths or 5.6% of deaths from all causes. The death rate was 66.6 per 100,000 population, about half the previous record low rate of 130.3 in 1947, and less than one-fourth the 1920 figure (313.9). The long-time trend in the rate has been downward. Pneumonia has held positions of importance among the leading causes from first place in 1920 to sixth place in 1948.

For all "shi" combined the rate was 61.3 and for all "gun" 69.5.

Prefectural rates (Ref. tables 56 and 57) ranged from 51.9 in Nara to 108.7 in Iwate. Eighteen prefectures had rates within limits of 10% above and below the national average; rates in 13 prefectures exceeded the national average by more than 10% and rates in 15 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Iwate (108.7), Aomori (97.2), Kagoshima (88.7), Tokushima (86.2) and Ishikawa (83.9). Those having rates much lower than average included Nara (51.9), Kyoto (52.3), Yamanashi (56.0), Aichi (56.1) and Hyogo (57.6).

Pneumonia case reports were first available for the year of 1948, and historical data are not available. In 1948 prefectural rates varied from 51.0 in Chiba and Hyogo prefectures to 388.6 in Toyama. Only eight prefectures had rates within 10% of the national average. (Ref. chart A-21 and table 68).

Diseases of the Heart (Int. List No. 90 - 95). The seventh leading cause of death was diseases of the heart (Ref. chart A-5 and tables 15, 16 and 17), which caused 49,254 deaths, and the death rate was 61.4 per 100,000 population. More than five out of each 100 deaths from all causes were attributed to this cause. Last year it held seventh place in importance; in the decade 1934 - 1943, ninth, and before that, tenth place in 1933 and 1930.

The rate in 1920 was 63.5. It rose to an all-time high of 72.5 in 1923, fell steadily until 1926 (62.4), fluctuated rather widely in subsequent years, but continued a general downward trend to an all-time low point of 57.6 in 1935. It increased to a second peak in 1938 (66.7), declined to 58.1 in 1941, after which it increased to 61.1 in 1943. Data are not available for the period 1944 - 1946. In 1947 the rate was 62.3.

The death rate for all "shi" combined was 53.7 and for all "gun" 65.5.

Prefectural rates ranged from 47.0 in Kochi to 79.5 in Tokushima and 79.6 in Shimane. Twenty-two prefectures had rates within limits of 10% above and below the national average; rates in 16 prefectures exceeded the national average by more than 10% and rates in eight prefectures were more than 10% below. Included among the prefectures having rates well above average were Shimane (79.6), Tokushima (79.5), Yamanashi (76.6), Shiga (74.7) and Ibaraki (73.4). Those having much lower than average included Kochi (47.0), Tokyo (49.2), Hokkaido (49.8) and Fukuoka (49.3).

Accidental Deaths (Int. List No. 169 - 195). The eighth leading cause of death was accidents, which caused 39,529 deaths (Ref. chart A-5 and tables 15, 16 and 17). The rate was 49.3, the same as that recorded in 1947. About four out of each 100 deaths can be attributed to this cause. In 1947 and 1943 this was the tenth leading cause of death. The great earthquake of 1923 was the principal reason for the highest rate (122.5) of record. Between 1920 and 1943 the rate ranged from 38.5 to 47.4, with the single exception already referred to.

The rate for all "shi" combined was 28.1 and for all "gun" 49.9.

Prefectural rates ranged from 34.0 in Shiga to 520.2 in Fukui, where the 1948 earthquake damage was most extensive. The rate (81.9) in Iwate was the second highest. Fifteen prefectures had rates within limits of 10% above and below the national average; rates in eight prefectures exceeded the national average by more than 10%, and rates in 23 prefectures were more than 10% below. Included among the prefectures having rates well above average were Fukui (520.2), Iwate (81.9), Yamaguchi (62.4), Fukuoka (61.3), Sage (61.1) and Okayama (60.4). Those having rates much lower than average included Shiga (34.0), Nara (34.1), Kyoto (34.4), Ibaraki (34.4) and Saitama (34.3).

Congenital Debility (Int. List No. 158). Congenital debility, the ninth leading cause of death, was responsible for 38,323 deaths, and

the death rate was 47.8 per 100,000 population, the lowest of record. Approximately four out of each 100 deaths from all causes were attributed to this cause. From 1923 - 1943 congenital debility has held either sixth or seventh position of importance, but in 1947 it had risen to ninth place. From 1923 (126.7) to 1943 (69.9) the general trend in the rate was downward. In 1947 the rate was 53.5 (Ref. chart A-5 and tables 13, 14, 15, 16 and 17).

The death rate for all "shi" combined was 35.6 and for all "gun" 54.2.

Prefectural rates ranged from 26.3 in Tokyo and 26.8 in Kanagawa to 92.8 in Aomori. Ten prefectures had rates within limits of 10% above and below the national average; rates in 19 prefectures exceeded the national average by more than 10%, and rates in 17 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Aomori (92.8), Akita (84.1), Fukui (74.6) and Saga (72.4). Those having rates much lower than average included Tokyo (26.3), Kanagawa (26.8), Yamanashi (34.0), Nagano (35.2) and Wakayama (37.2).

Nephritis (Int. List No. 130 - 132). The tenth leading cause of death was nephritis, which caused 36,824 deaths. The death rate, the lowest of record, was 45.9 per 100,000 population. From 1920 to 1943 this cause held positions of importance ranging from sixth to ninth. More than three out of each 100 deaths from all causes were attributed to nephritis. In 1923 there was a peak rate of 107.5, the trend was then downward to 66.9 in 1943 and in 1947 the rate was 57.7. Data are not available for 1944 - 1946. Ref. chart A-5 and tables 13, 14, 15, 16 and 17).

The rate for all "shi" combined was 40.2 and for all "gun" 48.9.

Prefectural rates ranged from 28.7 in Hokkaido to 68.0 in Saga. Seventeen prefectures had rates within limits of 10% above and below the national average; rates in 17 prefectures exceeded the national average by more than 10%, and rates in 12 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Saga (68.0), Kumamoto (60.4), Tottori (59.4), Oita (59.3) and Akita (58.5). Those having rates much lower than average included Hokkaido (28.7), Wakayama (31.9), Kyoto (36.3), Aichi (36.8), Gifu (36.9) and Kanagawa (37.9).

Ill-Defined and Unknown Causes (Int. List No. 200a and c). There were 17,646 deaths from ill-defined and unknown causes. The death rate was 22.0 per 100,000 population, the lowest of record. Although not one of the ten leading causes of death in 1948, it held sixth position from 1920 to 1932 and ninth or tenth place from 1923 to 1943.

Approximately 18 out of each 1,000 deaths were registered with such incomplete or unacceptable information concerning cause of death, that it was impossible to classify them statistically under a more specific category. In the period around 1920 more than 50 of each 1,000 deaths were so classified; in 1923 - 34, in 1943 - 26, and

in 1947 - 18.

Prior to the introduction in October 1946 of a standard, uniform record form for registering deaths, it has been said that less than 9% of the medical certifications of the cause of death contained more than one cause. By 1948, 42% contained two or more causes.

During the latter part of 1947, steps were taken for the first time in the history of Japan to provide field staffs for vital and health statistics. In 1948 special attention was given to training and placing in effect consultation field service to prefectural health departments, health centers and local registration offices. It is expected that continuation of this work will result in reducing the number of deaths which must be classified under the category of unknown and ill-defined causes.

The death rate per 100,000 population from unknown and ill-defined causes was 21.1 in all "shi" combined and 22.5 in all "gun."

Rates ranged from 12.3 in Tottori prefecture to 34.7 in Fukui. It was in Fukui that the earthquake was most destructive. The second highest rate (33.4) was in Nara. Other prefectures having rates well above the average were Hokkaido (30.0), Mie (29.4), Kagawa (28.9), Toyama (28.0), Tokushima (27.7), Aomori (26.3), Ishikawa (25.6), Iwate (25.6), Saitama (25.5) and Saga (25.1). Prefectures having rates well below the average included Tottori (12.3), Miyazaki (14.6), Gumma (16.8), Shimane (17.6) and Shizuoka (18.5).

If complete and accurate medical certifications were obtained on all declarations of death, no deaths would be classified as having occurred from ill-defined and unknown causes. Under certain circumstances it may not be possible to secure information which would place the cause of death in a more specific category. However, every effort should be made to reduce the number of deaths recorded from this cause by obtaining as complete and accurate medical information as possible and by stating the causes truthfully, particularly deaths from tuberculosis, the venereal diseases, leprosy, cancer, mental diseases and all other causes which may be considered as subjects of shame.

Simple Meningitis (Int. List No. 81a). Although not one of the ten leading causes of death in 1948, simple meningitis caused 10,485 deaths, and the death rate, the lowest of record, was 13.1 per 100,000 population. During the four-year period 1921 - 1924 it was recorded as the seventh leading cause; eighth, 1925 - 1931; ninth, 1932 - 1933 and tenth, 1934 - 1935 and 1937 - 1939. (Ref. tables 15, 16 and 17).

In 1923, the death rate was 126.3. The secular trend has been downward for a quarter of a century. The rate was 40.5 in 1943. Data are not available for the period 1944 - 1946. By 1947 the rate had fallen sharply to 18.1.

The death rate from simple meningitis for all "shi" combined was 12.0 and for all "gun" 13.7. (Ref. table 57).

Prefectural death rates ranged from 6.9 in Tokyo to 18.3 in Gifu. Fourteen prefectures had rates within limits of 10% above and below the national average; rates in 18 prefectures exceeded the national average by more than 10% and rates in 14 prefectures were more than 10% below. Included among the prefectures having rates well above average were Gifu (18.3), Akita (17.6), Mie (17.0), Ishikawa (16.9), Niigata (16.8) and Hokkaido (16.8). Those having rates much lower than average included Tokyo (6.9), Nara (8.6), Fukuoka (9.4), Kanagawa (10.2) and Yamagata (10.5).

Bronchitis (Int. List No. 106). Bronchitis caused 26,024 deaths in 1948 and the death rate was 32.4 per 100,000 population. In 1921 and 1922 it held ninth position among the ten leading causes of death and tenth place in 1920. Subsequent to 1921 it has not been included in the ten leading causes (Ref. tables 16 and 17).

In 1920 the death rate (Ref. table 14) was 94.1. During the decade 1920 - 1929 the decrease in the rate was rapid, being 50.2 in 1929, but the rate of decline was much less in the next decade, the death rate being 35.1 in 1939. It reached its lowest point in 1941 (30.1), after which it rose to 31.3 in 1943. Data are not available for period 1944 - 1946, but by 1947 it had risen to 44.8.

The death rate for all "shi" combined was 21.9 and for all "gun" 38.0. (Ref. table 57).

Prefectural death rates ranged from 15.9 in Tokyo to 54.4 in Toyama. Sixteen prefectures had rates within limits of 10% above and below the national average; rates in 21 prefectures exceeded the national average by more than 10% and rates in nine prefectures were more than 10% below. Included among the prefectures having rates well above average were Toyama (54.4), Niigata (49.6), Fukui (48.6), Oita (47.9) and Ishikawa (45.2). Those having rates much lower than average included Tokyo (15.9), Kanagawa (17.1), Osaka (20.1), Miyagi (22.9) and Fukuoka (23.9).

Influenza (Int. List No. 33). There were 516 deaths from influenza in 1948, approximately one-fourth the number (1903) recorded in the preceding year. The death rate was 0.6 per 100,000 population, the lowest ever recorded. In general, the long-time trend has been downward. In 1920 the rate was 193.7 and in that year influenza was the fourth leading cause of death, being responsible for 108,428 deaths. Subsequent to that time it has not been included in the ten leading causes. Years in which the rates were noticeably high were 1920 (193.7), 1921 (18.2), 1922 (22.1), 1925 (18.1) and 1931 (24.0). During the four-year period 1940 - 1943 the rates ranged from 4.4 to 5.9. By 1947 the rate had decreased to 2.4. (Ref. tables 13 and 14).

The death rate for all "shi" combined was 0.6 and for all "gun" 0.7. (Ref. table 57).

In 1948 the death rate for influenza was highest in March (1.4), followed by January (1.3) and then February (1.1). It was lowest in

August (0.2) after which it increased to 0.7 in December. (Ref. table 55).

Prefectural death rates ranged from 0.1 in Tochigi to 1.7 in Aomori and Toyama. Only two prefectures had rates within limits of 10% above and below the national average; rates in 22 prefectures exceeded the national average by more than 10%, and rates in 22 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Aomori (1.7), Toyama (1.7), Oita (1.5), Ehime (1.3) and Wakayama (1.3). Those having rates much lower than average included Tochigi (0.1) and Fukushima, Ibaraki, Kagawa, Saga and Yamagata (0.2).

There were 2,822 cases of influenza reported in 1948. This disease was not made reportable until 1947 and so historical data prior to that year are not available. The case rate was 3.5 per 100,000 population in 1948.

The seasonal distribution of case rates (Ref. table 65) showed the highest rate (7.6) was in April, followed by 6.6 in January, 6.4 in February and 6.2 in March. Rates decreased rapidly from April, reaching the low point of 0.9 in October, after which they increased to 2.3 in December.

Prefectural case rates ranged from zero (no cases recorded) in Akita, Ibaraki, Chiba and Miyazaki to 24.0 in Shiga. (Ref. chart A-20). Other prefectures having noticeably high rates were Hiroshima (14.7), Fukui (13.7), Ehime (10.2), Fukuoka (9.7) and Ishikawa (9.0).

Suicide (Int. List No. 163 - 164). There were 12,921 deaths from suicide and the death rate was 16.1 per 100,000 population, the highest recorded since 1938. Data are not available for the period 1944 - 1946. The general trend in the rate from 1920 (19.0) to 1932 (22.2) was upward, after which it was downward, reaching the lowest point of record in 1943 (11.8). By 1947 it had risen to 15.7. (Ref. tables 13 and 14).

For all "shi" combined the rate was 15.8 and for all "gun" 16.3. (Ref. table 57).

The seasonal distribution of death rates showed high rates in April (18.9), May (20.0), June (18.5) and July (20.1). (Ref. table 55).

Prefectural rates ranged from 9.3 in Miyagi to 26.7 in Shiga. Seventeen prefectures had rates within limits of 10% above and below the national average. Rates in 13 prefectures exceeded the national average by more than 10%, and rates in 16 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Shiga (26.7), Wakayama (25.8), Kyoto (23.9), Niigata (23.8) and Gifu (22.4). Those having rates much lower than average included Miyagi (9.3), Saga (10.8), Kumamoto (11.0), Aomori (11.2) and Nagasaki (11.5).

Beriberi (Int. List No. 68). There were 6,362 deaths attributed to this disease, and the death rate was 7.9 per 100,000 population, the lowest of record. Although the rates have varied considerably from year to year, especially between 1920 and 1934, the over-all trend has been downward. The highest rate ever recorded after 1920 was in 1923, when it rose to 46.0. This was more than four times the 1947 rate (11.0) and nearly six times the 1948 rate (7.9).

The rate for all "shi" combined was 7.5 and for all "gun" 8.2.

Death rates were highest during the first quarter of the year with 10.4 in January, 11.4 in February and 10.0 in March. (Ref. table 55).

Prefectural rates ranged from 3.2 to 20.1. Those having rates well above the national average were Aomori (20.1), Iwate (14.7), Ishikawa (14.2), Toyama (13.9) and Saga (12.0). Included among those with rates well below average were Kagawa, Nagano, Gumma, all with rates of 3.2, and Ehime and Tokushima, both of which had 3.9.

Measles (Int. List No. 35). There were 5,670 deaths from this disease, and the death rate was 7.1 per 100,000 population, equalling the 1940 rate and being practically the same as that (7.0) in 1938. It was only a little below the 1936 figure (7.5). The trend in the death rate has been uneventful, exhibiting a two-year cycle. In 1947 the rate was 26.8 so that in 1949 it may be expected to be in the twenties. (Ref. tables 13 and 14).

The death rate for all "shi" combined was 5.3 and for all "gun" 8.0. (Ref. table 57).

Prefectural death rates ranged from 0.5 in Saitama to 23.4 in Iwate. Only five prefectures had rates within the limits of 10% above and below the national average; rates in 19 prefectures exceeded the national average by more than 10%, and rates in 22 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Iwate (23.4), Hokkaido (20.7), Aomori (20.5), Kagawa (19.6) and Ehime (15.1). Those having rates much lower than average included Saitama (0.5), Kanagawa (0.7), Yamanashi (0.7), Chiba (0.8) and Tokyo (0.8).

There were 54,698 cases of measles and the case rate was 68.6 per 100,000 population. This disease was made reportable in 1947 and so historical comparisons cannot be made for morbidity rates.

The distribution of the case rates according to month in 1948 showed a peak (135.8) in May. The June figure (130.6) was also high, declining to 15.0 in September, after which it rose to 63.3 in December. The January rate was 46.8 and in the four succeeding months it rose rapidly. (Ref. table 65).

Prefectural case rates ranged from 4.3 in Saitama to 282.1 in Ehime. (Ref. chart A-20). Only four prefectures had rates within limits of 10% above and below the national average; rates for 15 prefectures exceeded the national average by more than 10%, and rates

in 27 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Ehime (282.1), Kochi (252.1), Kagawa (239.3), Hiroshima (233.7) and Okayama (209.4). Those having rates well below the average included Saitama (4.3), Chiba (4.7), Yamanashi (6.0), Kanagawa (8.7) and Nara (13.6).

The southern end of Honshu Island, excepting for Yamaguchi prefecture and all of Shikoku Island, had high case rates. The area around Tokyo and adjoining prefectures had comparatively low rates.

Dysentery (Int. List No. 27). There were 5,258 deaths from this disease, and the death rate was 6.6 per 100,000 population (Ref. table 14), the lowest of record. In 1920 the rate was 14.6. The general trend was upward until 1939 when the rate reached an all-time high of 34.8, after which it decreased regularly to 15.4 in 1944. However, in 1945 the rate increased sharply to 28.8 only to drop back to 17.6 in 1946 and still further to 12.3 in 1947.

The death rate for all "shi" combined was 5.8 and for all "gun" 6.9. (Ref. chart 7 and table 57).

Prefectural death rates ranged from 1.7 in Nara to 16.6 in Ibaraki. Seven prefectures had rates within limits of 10% above and below the national average; rates in 18 prefectures exceeded the national average by more than 10%, and rates in 21 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Ibaraki (16.6), Gifu (11.9), Kagawa (11.9), Aichi (11.4) and Miyazaki (11.2). Those having rates much lower than average included Nara (1.7), Ishikawa (1.8), Wakayama (2.1), Toyama (2.2) and Miyagi (2.6).

Cases of dysentery totalled 14,628, and the case rate was 18.3 per 100,000 population. The long-time trend paralleled that of the mortality rates, rising from a low point (23.0) in 1920 to 138.2 in 1939, declining to 69.0 in 1943, after which it rose to 138.0 in 1945. It then decreased rapidly to 50.5 in 1947. According to the record, the rate in 1901 (Ref. table 24) was 109.3. Its trend was somewhat irregular but downward for the next twenty years.

Almost invariably, August has been the peak month for morbidity from this disease. The rate in August 1948 was 64.0, which was well below the rate (231.7) for the same month in the preceding year, and 404.4 in August 1946. The rate of 475.8 in August 1945 was the second highest on record, and the all-time high of 491.0 was reached in the following month. As usual, the rate in 1948 increased from January (1.6) to August and then decreased to 2.9 in December. (Ref. tables 26 and 65).

Prefectural case rates ranged from 3.8 in Ishikawa to 41.0 in Iwate. Six prefectures had rates within limits of 10% above and below the national average; rates in 13 prefectures exceeded the national average by more than 10%, and rates in 27 prefectures were

more than 10% below. (Ref. chart A-19). Included among the prefectures having rates well above the average were Iwate (41.0), Ibaraki (36.7), Gumma (29.5), Tokyo (28.5) and Fukui (27.7). Those having rates much lower than average included Ishikawa (3.8), Wakayama (5.8), Nara (5.9), Toyama (6.1) and Kagoshima (8.8). (Ref. table 68).

Whooping Cough (Int. List No. 9). Deaths from whooping cough totalled 4,793 in 1948 and the death rate was 6.0 per 100,000 population, the lowest of record. The long-time trend in the rate has been rather uneventful. High points were recorded in 1924 (17.4), 1928 (18.2), 1932 (22.1), 1935 (17.6) and 1947 (21.8). (Ref. table 14).

The death rate for all "shi" combined was 5.5 and for all "gun" 6.2. (Ref. table 57).

Prefectural death rates ranged from 1.0 in Nara to 13.7 in Shimane. Only six prefectures had rates within limits of 10% above and below the national average; rates in 17 prefectures exceeded the national average by more than 10%, and rates in 23 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Shimane (13.7), Gumma (12.4), Hokkaido (12.4), Niigata (11.9) and Iwate (10.0). Those having rates much lower than average included Nara (1.0), Wakayama (2.1), Tokushima (2.1), Tottori (2.2) and Hiroshima (2.3).

Cases of whooping cough totalled 52,791, and the case rate was 66.2 per 100,000 population. Since whooping cough was not made a reportable disease until 1947, historical comparisons cannot be made. The seasonal distribution shows July as the month having the highest rate (111.0), closely followed by August (110.5). In January the rate was 51.0 and in December it was 62.7. (Ref. table 65).

Prefectural case rates ranged from 14.5 in Tokushima to 208.7 in Toyama. (Ref. chart A-18). Six prefectures had rates within limits of 10% above and below the national average; rates in 14 prefectures exceeded the national average by more than 10% and rates in 26 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Toyama (208.7), Shimane (203.8), Hokkaido (152.8), Ishikawa (137.2) and Niigata (133.3). Those having rates much lower than average included Tokushima (14.5), Wakayama (15.4), Nara (15.5), Chiba (19.5) and Tottori (27.3). (Ref. table 68).

Diseases of Childbirth, Pregnancy and Puerperium (Int. List No. 140 - 150). Deaths from all maternal causes totalled 4,480 and the death rate was 5.6 per 100,000 population, the lowest of record. In 1920 the death rate was 12.8. It has decreased quite regularly for more than a quarter of a century. (Ref. tables 13, 14 and 22).

For all "shi" combined the death rate per 100,000 population was 5.5 and for all "gun" 5.6. (Ref. table 61).

The seasonal distribution of the death rates (per 1,000 live births) shows the lowest rate was 1.3 in January and the highest, 1.9, in August and December. (Ref. table 60).

Prefectures having death rates (per 1,000 live births) well above the national average included Akita (2.5), Iwate (2.4), Shimane (2.3), Yamagata (2.2), and Aomori (2.1). Those having rates well below the national average included Shiga (1.0), Toyama (1.1), Kyoto (1.2), Ehime (1.2), Kagawa (1.3) and Wakayama (1.3). (Ref. table 61).

Table 62 shows the rates by month according to prefecture. They vary considerably among prefectures by months with a tendency on the part of some to be slightly higher in the last half of the year.

Syphilis (Int. List No. 30). There were 4,382 deaths from this disease, and the death rate was 5.5 per 100,000 population, the lowest of record. In 1920 the death rate was recorded as 18.2. The highest rate was in 1923 (19.6). Since that year the trend has been downward. By 1930 it had decreased to 15.2 and by 1940 to 10.7. Data are not available for the period 1944 - 1946, but by 1947 the rate had fallen to 5.7. (Ref. table 14).

The death rate for all "shi" combined was 6.8 and for all "gun" 4.7. (Ref. table 57).

Prefectural death rates ranged from 3.1 in Gifu to 8.9 in Nagasaki. Included among the prefectures having rates well above the average were Nagasaki (8.9), Saga (8.4), Kagoshima (7.8), Kyoto (7.8), and Aomori (7.1). Those having rates well below average included Gifu (3.1), Tokushima (3.3), Nagano (3.7), Shizuoka (3.7) and Hiroshima (3.9).

Cases from syphilis totalled 214,466 and the case rate was 268.9 per 100,000 population. Syphilis was made a reportable disease in October 1945. The lowest rate recorded in 1948 by month was 190.6 in January. It increased to a peak in April (386.6). Rates in March (350.1) and May (314.6) were noticeably high also. In June the rate had decreased to 276.2, after which it remained at about an average of 240 the last half of the year. (Ref. chart 14).

Prefectural case rates ranged from 101.7 in Saitama to 640.9 in Hyogo. Nine prefectures had rates within limits of 10% above and below the national average; rates in 11 prefectures exceeded the national average by more than 10%, and rates in 26 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Hyogo (640.9), Aichi (551.0), Yamaguchi (443.2), Kyoto (436.1) and Kanagawa (422.8). Those having rates much lower than average included Saitama (101.7), Shimane (120.6), Iwate (122.5), Miyazaki (130.1) and Yamanashi (131.1).

Japanese "B" Encephalitis (Int. List No. 366). In 1948 there were 2,621 deaths from this disease and the death rate was 3.3 per 100,000 population. The rate in 1947 was 0.3. Data are not available prior to 1947. (Ref. tables 13 and 14).

The death rate for all "shi" combined was 5.4 and for all "gun" 2.2. (Ref. table 57).

Prefectural death rates ranged from 0.1 in Nagasaki to 9.7 in Tokyo. Only four prefectures had rates within limits of 10% above and below the national average; rates in 15 prefectures exceeded the national average by more than 10%, and rates in 27 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Tokyo (9.7), Kanagawa (8.8), Shizuoka (6.4), Toyama (6.0) and Iwate (5.9). Those having rates much lower than average included Nagasaki (0.1), Hokkaido (0.2), Fukuoka (0.2), Oita (0.3) and Kagawa (0.7).

Japanese "B" Encephalitis was responsible for 7,208 cases, and the case rate was 9.0 per 100,000 population (Ref. table 68). This disease was first made reportable in May 1946 and so historical comparisons cannot be made, excepting to state that the rate in 1947 was 0.3. (Ref. table 24). During the three-year period, 1946 - 1948, the great majority of the cases were reported in August and September, the peak month in 1948 being the former. In 1947 and 1948 almost no cases were reported during the first half of the year. It is unlikely that more than a few, if any cases, occurred during the first five months of 1946. If this were true, the total for 1946 was little more than 150 compared to 259 in 1947. In 1948 an epidemic was recorded in the Tokyo area and adjoining prefectures. (Ref. tables 25, 26 and 65).

Prefectural case rates ranged from 0.2 in Hokkaido to 36.5 in Tokyo. Only five prefectures had rates within limits of 10% above and below the national average; rates in 13 prefectures exceeded the national average by more than 10%, and rates in 28 prefectures were more than 10% below. (Ref. chart A-21). Included among the prefectures having rates well above the average were Tokyo (36.5), Kanagawa (25.6), Ibaraki (16.5), Chiba (15.8) and Shizuoka (15.7). Those having rates well below the average included Hokkaido (0.2), Oita (0.9), Fukuoka (1.4), Hiroshima (1.7), Wakayama (1.8), Kyoto (1.9), Kagawa (1.9) and Nara (1.9).

Tetanus (Int. List No. 12). Deaths from tetanus totalled 2,157 and the death rate was 2.7 per 100,000 population. In 1920 the rate was 5.5. The trend was downward until 1939 when the rate was 2.4, after which it remained practically constant (Ref. tables 13 and 14).

The death rate was 2.7 for both "shi" combined and all "gun." (Ref. table 57).

Prefectural death rates ranged from 0.8 in Niigata to 6.5 in Ibaraki and Chiba. Six prefectures had rates within the limits of 10% above and below the national average; rates in 18 prefectures exceeded the national average by more than 10%, and rates in 22 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Ibaraki (6.5), Chiba (6.5), Kagoshima (6.2), Miyazaki (4.7) and Nagasaki (4.4). Those having rates well below the average included Niigata (0.8), Hokkaido (1.2), Tottori (1.3), Wakayama (1.3) and Shiga (1.4).

There were 1,947 cases of tetanus, and the case rate was 2.4 per 100,000 population. This disease was not reportable until 1947, so historical comparisons cannot be made.

From a seasonal standpoint the rates were uneventful. In the first quarter of the year they remained at about an average of 1.8 compared to 2.5 for the last quarter. Rates were highest in May (3.0) and August (3.2).

Prefectural case rates ranged from 0.9 in Aomori, Niigata and Yamagata to 6.5 in Ibaraki. Included among prefectures having rates well above the average were Ibaraki (6.5), Ehime (5.0), Miyazaki (4.5) and Ishikawa (4.2). Those having rates well below the average included Aomori (0.9), Niigata (0.7), Yamagata (0.9), Hokkaido (1.0), Hyogo (1.1) and Wakayama (1.1). (Ref. table 68).

Diphtheria (Int. List No. 10). Diphtheria caused 1,920 deaths and the death rate was 2.4 per 100,000 population, the lowest of record and a little more than half the 1947 figure (4.3). The trend in the mortality rate from this disease has been rather uneventful with a slight tendency to rise. The highest point ever reached was in 1945 (11.2), following which it dropped to 5.2 in 1946. (Ref. chart 6 and tables 13 and 14).

The death rate for all "shi" combined was 2.7 and for all "gun" 2.2. (Ref. table 57).

Prefectural death rates ranged from 0.6 in Yamanashi to 5.6 in Hokkaido. Only five prefectures had rates within the limits of 10% above and below the national average; rates in 18 prefectures exceeded the national average by more than 10%, and rates in 23 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Hokkaido (5.6), Miyazaki (5.2), Saga (5.2), Gumma (3.9) and Iwate (3.9). Those having rates well below the average included Yamanashi (0.6), Ibaraki (0.8), Wakayama (0.9), Osaka (1.2) and Gifu (1.2).

There were 16,198 cases and the case rate, 20.3 per 100,000 population, was the lowest of record. In 1900 the rate (39.9) was almost double this figure. The trend in the rate during the first decade of the century was uneventful. In 1911 it rose to 39.1, the second highest of record. From 1911 to 1924 the trend was downward, and by 1924 the rate had fallen to 22.5. However, the trend was then reversed and the rate rose to 129.9 (1944) in the next two decades. It then decreased to 122.8 in 1945 and then dropped almost 50% to 65.5 in the following year, and still further to 36.4 in 1947. The 1948 rate was approximately one-sixth of the 1945 figure. (Ref. chart 6 and table 24).

The seasonal distribution of the rates shows them to be high during the winter and low during the summer. January and December rates were about equal, being 27.4 and 27.2 respectively. As usual, the lowest rates were recorded in July (9.6) and August (9.7). (Ref. table 26).

Prefectural case rates ranged from 8.0 in Yamanashi to 59.7 in Saga. (Ref. chart A-18). Nine prefectures had rates within limits of 10% above and below the national average; rates in 14 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Saga (59.7), Akita (44.4), Oita (44.4), Miyazaki (40.0) and Shimane (33.9). Those having rates well below the average included Yamanashi (8.0), Chiba (8.5), Gifu (8.6), Osaka (8.7) and Kumamoto (10.1).

Homicide (Int. List No. 165 - 168). Deaths from homicide (1,594) in 1948 increased above the number (1,314) recorded in the preceding year and the death rate was 2.0 per 100,000 population, the highest of record. From 1920 to 1938 the trend in the rate (Ref. table 14) was uneventful. It decreased from 0.6 in 1938 to 0.4 in 1939, after which it remained at 0.3 or 0.4 to 1943. Data are not available for the three-year period 1944 - 1946, but in 1947 the rate was only 1.7.

For all "shi" combined the rate was 2.4 and for all "gun" 1.8. (Ref. table 57).

Death rates were highest during the spring and summer months as follows: March (2.1), April (2.6), May (2.2), July (2.4) and August (2.2). The June rate (1.8) was an exception. (Ref. table 55).

Prefectural rates ranged from 0.7 in Ishikawa to 3.4 in Yamaguchi. Those having rates well above the national average were Yamaguchi (3.4), Fukuoka (3.3), Kochi (2.9), Kanagawa (2.8) and Tokyo (2.7). Included among those having rates much lower than average were Ishikawa (0.7), Kagoshima (1.1), Iwate (1.2), Miyagi (1.2) and Yamagata (1.2). (Ref. table 57).

Typhoid Fever (Int. List No. 1). There were 1,481 deaths from this disease and the death rate was 1.8, the lowest of record. The long-time trend has been downward, beginning from a high point of 23.9 in 1924 when more than 14,000 deaths were recorded. During the decade 1935 - 1944 the rate of decline became much slower and almost uneventful. However, from 1945 the rate decreased dramatically, about half each year for three years in succession. (Ref. chart 8 and tables 13 and 14).

The death rate for all "shi" combined was 2.9, more than twice that for all "gun" (1.3).

Prefectural death rates ranged from 0.2 in Yamanashi to 3.6 in Gifu. Seven prefectures had rates within the limits of 10% above and below the national average; rates in 18 prefectures exceeded the national average by more than 10%, and rates in 21 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Gifu (3.6), Tokyo (3.2), Toyama (3.2), Kanagawa (3.2) and Kochi (3.0). Those having rates well below the average included Yamanashi (0.2), Kagoshima (0.3), Kumamoto (0.3) and Miyazaki (0.6).

There were 9,426 cases and the case rate was 11.8 per 100,000 population, the lowest of record. During the 25-year period, 1900 - 1924, the trend was upward, and by 1924 the rate had risen to 100.1. The following year it fell to 77.4 but for nearly two decades the trend was rather uneventful. From 1942 it (49.3) increased to a high point of 82.9 in 1945. Then it fell even more rapidly than it had risen, to 59.2 in 1946, 22.9 in 1947 and finally to an all-time low record of 11.8. (Ref. table 24). In 1945 there were 57,933 cases of this disease and in 1948 about one-sixth that number.

The seasonal distribution of the rates shows the usual summer peak, although the rates were roughly half those recorded in the previous year, excepting in December, when they were about the same. Although the July rate (20.8) was only slightly higher than the August figure (20.3), it was the first time of record that the peak month has been July. In the five-year period, 1943 - 1947, August or September was the peak month.

Prefectural case rates ranged from 1.1 in Kagoshima to 25.1 in Gifu. (Ref. chart A-17). Nine prefectures had rates within limits of 10% above and below the national average; rates in 16 prefectures exceeded the national average by more than 10%, and rates in 21 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Gifu (25.1), Tokyo (23.3), Nagano (21.6), Mie (20.5) and Kanagawa (19.7). Those having rates well below the average included Kagoshima (1.1), Kumamoto (1.4), Yamanashi (2.7), Nagasaki (4.4) and Miyazaki (5.4).

Epidemic Meningitis (Int. List No. 6). Epidemic meningitis caused 661 deaths, and the death rate was 0.8 per 100,000 population, approximately half the rate (1.5) in the preceding year. In 1924 there was a large epidemic and a rate of 2.3 was recorded, following which the rate remained fairly constant for almost a decade at 0.2 to 0.5. During the quinquennium, 1944 - 1948, it remained on an average a little less than 1.0, but in the following years the rate decreased from 1.3 in 1939 to 0.5 in 1944. It then increased three times as much to 1.5 in 1945, only to fall back to 0.6 in 1946 and then return again to 1.5 in 1947. Deaths from this disease have passed the 1,000 mark three times since 1920; in 1924 (1,334), 1945 (1,072) and 1947 (1,187). (Ref. chart 11 and tables 13 and 14).

The death rate for all "shi" combined was 1.2 and for all "gun" 0.6. (Ref. table 57).

Prefectural death rates ranged from zero in Mie, the only prefecture not recording any deaths from this disease, to 1.8 in Kyoto and Tokyo. Only one prefecture had a rate within the limits of 10% above and below the national average; rates in 17 prefectures exceeded the national average by more than 10%, and rates in 28 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Kyoto (1.8), Tokyo (1.8), Aomori (1.7), Miyagi (1.5), Akita (1.4) and Hokkaido (1.4). Those having rates well below the average included Mie (-) and Tochigi (0.1). The rate was 0.3 in Okayama, Kagawa, Kagoshima, Saga, Gifu, Aichi, Shiga and Nara.

Cases of this disease totalled 2,035 and the case rate was 2.6 per 100,000 population. Data are not available prior to 1919, but in that year the rate was 4.4, the second highest of record. The trend of the morbidity rates has been rather uneventful. From 1925 - 1933 it remained close to 0.5. During the decade 1935 - 1944 it generally ranged between 1.0 and 2.0. In 1945 an all-time high of 6.3 was established and there were 4,384 cases. It returned to its usual level in 1946 (2.0) only to rise to 4.3 in 1947, almost equalling the high rate of 1919. (Ref. tables 23 and 24). Historically, rates have tended to be higher in the spring months of March, April and May with a secondary peak in the months of August and September. (Ref. table 26).

Prefectural case rates ranged from 0.5 in Okayama to 7.7 in Tokyo. Only three prefectures had rates within limits of 10% above and below the national average; rates in 11 prefectures exceeded the national average by more than 10%, and rates in 32 prefectures were more than 10% below. (Ref. chart A-17). Included among the prefectures having rates well above the average were Tokyo (7.7), Miyagi (7.0), Akita (5.7), Aomori (5.2), Hokkaido (4.7) and Kanagawa (4.7). Those having rates well below average included Okayama (0.5), Tokushima (0.6), Kochi (0.6), Wakayama (0.7), Miyazaki and Aichi (0.7).

Malaria (Int. List No. 28). Deaths from malaria totalled 233 and the death rate was 0.3 per 100,000 population. The trend in the death rate from this disease has been uneventful, according to data available since 1920 when it was 0.4. Excepting for 1947, the year in which the highest death rate (0.6) was recorded, the rate has varied only a few tenths. (Ref. table 14).

Prefectural death rates ranged from 0.1 in 11 prefectures to 1.6 in Shiga. Excepting for Shiga prefecture no rates were more than 0.8. Shiga prefecture contains the largest inland body of water in Japan. Comparatively high rates were recorded for Nagasaki (0.8), Kumamoto (0.7), Kagoshima (0.6), Kochi (0.6) and Oita (0.6).

Cases for this disease totalled 4,940, and the case rate was 6.2 per 100,000 population, less than half the figure (15.2) recorded in the preceding year when there were 11,841 cases. Historical comparisons cannot be made because malaria was not made a reportable disease until 1946. July was the peak (13.1) month in 1948 and August (30.3) in 1947. Data are not available excepting for the last half of 1946, and in that year the July rate was 112.0. (Ref. table 26).

Prefectural case rates ranged from 0.8 in Nagano to 260.1 in Shiga. (Ref. chart A-19). No other prefectures had rates higher than 9.0. Comparatively high rates were recorded for Kagoshima (9.0), Tottori (8.0), Fukuoka (7.5), Ehime (7.3), Tokyo (5.8) and Hiroshima (5.4)

Paratyphoid Fever (Int. List No. 2). Paratyphoid fever was responsible for 171 deaths, and the death rate was 0.2 per 100,000 population, the lowest of record according to data available since 1920. In 1920

the rate was 1.4. It decreased gradually to a low point of 0.3 in 1935 and then increased to 0.4 in 1936, where it remained for seven years. Then it rose to 0.7 in 1943 and 0.8 in 1944 and 1945, after which it decreased to 0.6 in 1946 and 0.4 in 1947. (Ref. chart 9 and tables 13 and 14).

The death rate for all "shi" combined was 0.3 and for all "gun" 0.2. (Ref. table 57).

Prefectural death rates ranged from zero in Ehime, Shiga and Tottori, where no deaths were recorded from this disease, to 0.9 in Miyagi. Comparatively high rates in other prefectures were recorded for Gifu (0.6), Iwate (0.6), Mie (0.5) and Tokyo (0.5).

There were 2,892 cases of paratyphoid fever, and the case rate was 3.6 per 100,000 population, the lowest of record. Data are not available for this disease prior to 1912, when the case rate was 7.8. The trend was upward to 1920, when the rate was 14.0. It then turned downward, reaching 8.6 in 1925, after which the trend was uneventful until 1943, when it suddenly rose to 17.0. In 1944 it reached the highest point of record (20.4). The trend changed downward again, falling rapidly in 1946 (12.1), 1947 (6.1) and 1948 (3.6).

The seasonal distribution of case rates in 1948 shows the peak in August (6.5) with July second (6.0) and September third (5.1). Frequently in the past the September rate has been the highest. (Ref. table 26).

Prefectural case rates ranged from 0.5 in Kagoshima to 12.6 in Tokyo. (Ref. chart A-17). Six prefectures had rates within limits of 10% above and below the national average; rates in 12 prefectures exceeded the national average by more than 10%, and rates in 28 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Tokyo (12.6), Miyagi (8.6), Shimane (7.3), Shizuoka (6.9) and Gifu (5.3). Those having rates well below the average include Kagoshima (0.5), Akita (0.8), Yamaguchi (0.8), Tokushima (0.9) and Okayama (1.0).

Leprosy (Int. List No. 23). There were 148 deaths from this disease, and the death rate was 0.2 per 100,000 population. In 1920 the rate was 2.0. The trend has been downward since that time, reaching the level of 0.2 in 1942 where it reamined up to the present time. (Ref. tables 13 and 14).

The death rate for all "shi" combined was less than 0.1 (10 deaths) and for all "gun" 0.3.

Prefectural death rates ranged from zero in 10 prefectures where no deaths were recorded (Ref. tables 56 and 57) to 2.1 in Kumamoto where 38 deaths occurred. In Miyagi there were 19 deaths from this disease and the rate was 1.2. There were eight deaths in Iwate and the rate was 0.6.

Leprosy cases totalled 708 and the case rate was 0.9 per 100,000 population. Historical comparisons cannot be made because leprosy was not made a reportable disease until 1947. Ninety-five cases were reported from Gumma and the rate was 5.9; 28 from Tokushima and the rate 3.2; 19 from Kochi, with a rate of 2.2 and 31 from Yamaguchi and the rate 2.1. Only one prefecture (Toyama) reported no cases. (Ref. table 68).

Typhus Fever (Int. List No. 39). Deaths from typhus fever totalled 110 and the death rate was 0.1 per 100,000 population. In 1920 the rate was 0.2 and from 1921 to 1942 it was 0.1 or less. It rose to 0.2 in 1943 and 0.9 in 1944, decreased to 0.4 in 1945 and then rose to an all-time high point (3.9) in 1946 with 2,909 deaths. In 1947 it fell sharply to 0.2. (Ref. chart 5 and tables 13 and 14).

The death rate for all "shi" combined was 0.2 and for all "gun" 0.1. (Ref. table 57).

Prefectural death rates ranged from zero in 12 prefectures where no deaths were recorded to comparatively high rates in Niigata (0.5), Okayama (0.5), Ehime (0.4), Hyogo (0.3) and Nara (0.3). Thirteen deaths were recorded in Niigata, 11 in Tokyo, 10 in Hyogo, eight in Okayama, seven in Hokkaido and six in Ehime. (Ref. tables 56 and 57).

There were 474 cases of typhus fever, and the case rate (0.6) per 100,000 population was less than half that (1.4) for 1947. Prior to 1943 the rate has generally been less than 0.1 and in that year the trend in the rate turned upward to 1.9, continuing to 5.4 in 1944. The greatest epidemic known to have occurred since 1900 was in 1946 when there were 31,141 cases and the rate was 41.5.

In 15 prefectures there were no cases. Prefectures having high rates included Osaka (4.3), Nara (2.7), Kyoto (2.1), Kanagawa (2.0) and Nagasaki (1.7). (Ref. chart A-21).

Scarlet Fever (Int. List No. 8). Deaths from scarlet fever totalled 42 and the death rate was 0.1 per 100,000 population, the same as that recorded in each of the three preceding years. In 1920 the rate was 0.2, where it remained throughout the quinquennium 1920 - 1924. Following that the trend was upward, reaching a peak of 0.7 in 1934 at which level it remained for the most part until 1939. Then it decreased steadily to 0.2 in 1944. (Ref. chart 10 and tables 13 and 14).

The death rate for all "shi" combined was 0.1 and for all "gun" less than 0.1.

Prefectural death rates ranged from zero in 26 prefectures, in which no deaths were recorded from this disease, to 0.2 in Gumma and Kanagawa Prefectures. In six prefectures the rate was less than one-tenth, and in 12 it was 0.1. (Ref. table 57).

Although there were only 42 deaths from scarlet fever, there were 2,924 cases, and the case rate was 3.7 per 100,000 population.

In 1900 the rate was 0.2. For several years the trend was uneventful, rising temporarily in 1909 (3.1) and 1910 (4.7), and then decreasing to 2.6 in 1911, at which level it remained for nearly 15 years. By 1924 it had started to rise, at first slowly, and then more rapidly until an all-time high point (28.3) was reached in 1939, with 19,907 cases. The rate then fell more rapidly than it had risen, reaching a low point of 2.9 in 1946. (Ref. tables 23 and 24).

The month in which the case rate was highest was December (6.4). The peak month has varied considerably. Since 1935 the months of December, May, November, April and January have held that position. (Ref. table 26).

Prefectural case rates ranged from 0.1 in Kumamoto to 12.1 in Hokkaido. (Ref. chart A-18). Only one prefecture had a rate within limits of 10% above and below the national average; rates in 11 prefectures exceeded the national average by more than 10%, and rates in 34 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Hokkaido (12.1), Tokyo (11.7), Shiga (7.4), Kyoto (6.7) and Nagano (6.4). Those having rates well below the average included Kumamoto (0.1), Ishikawa (0.4), Oita (0.4), Kagoshima (0.5) and Tokushima (0.5). (Ref. table 68).

Rabies (Int. List No. 38b). There were 40 deaths from rabies, two and one-half times the number (16) recorded in 1947. In 1924 there were 235 deaths from this disease, and over the three-year period, 1923 - 1925, the number totalled 552. Between 1930 and 1942 the annual number ranged from one to six. The death rate from rabies in 1948 was less than 0.1, the same as that recorded from 1927 to the present time. (Ref. tables 13 and 14).

The 40 deaths were evenly divided between all "shi" combined and all "gun" and the corresponding death rates were 0.1 and less than 0.1 respectively.

Prefectures in which deaths were recorded were Chiba (18), Tokyo (17), Kanagawa (3) and Saitama (2). The death rates were 0.8, 0.3, 0.1 and 0.1 respectively. (Ref. tables 56 and 57).

Rabies was not made a reportable disease until 1947, so historical comparisons of morbidity cannot be made.

Smallpox (Int. List No. 34). There were 22 deaths from this disease and the death rate was less than 0.1. In general, the death rate has not varied from year to year by more than a few tenths. The rate was 0.1 in 1944 and in the following year it was 0.4, which was the highest point reached in 20 years. It then rose abruptly to an all-time peak of 3.8 in 1946, when the cases totalled 2,823. (Ref. chart 4 and tables 13 and 14).

For both all "shi" combined and all "gun" the rate was less than one-tenth.

No deaths were recorded in 29 prefectures. In the 17 remaining prefectures, deaths ranged from one to three. In seven prefectures the death rate was less than 0.1, and in nine prefectures it was 0.1. The highest rate (0.3) was recorded in Ishikawa. (Ref. tables 56 and 57).

Of the 22 deaths, more than half were recorded during the first quarter compared to two in the last quarter. Six deaths occurred in January. (Ref. tables 66 and 67).

Cases of smallpox totalled 29 in 1948, and the case rate was less than 0.1 per 100,000 population. Similar points were recorded only four times previously in 1912, 1915, 1930 and 1931. The case rate was 0.4 in 1944, which increased to 2.3 in 1945 and then rose sharply to 23.7 in 1946, the second highest of record, the highest being 36.6 in 1908. (Ref. tables 23 and 24).

No cases of smallpox were reported in 33 prefectures. In four prefectures the rate was less than 0.1 and in seven the rate was 0.1. Rates well above the national average were recorded for Saga (0.5) and Hokkaido (0.2). (Ref. chart A-20 and table 68).

Of the 29 cases reported, the greatest number (7) were for July. The second highest number (5) were for May. (Ref. tables 64 and 65).

Anthrax (Int. List No. 7). There were no deaths from anthrax in 1948, the first year of record that this has been so. Data are not available for the three-year period, 1944 - 1946. Deaths have been recorded in all other years, ranging from 1 to 30. With the single exception of 0.1 in 1923, the death rates have been less than 0.1. (Ref. tables 13 and 14).

Anthrax was not made a reportable disease until 1947, so historical comparisons of morbidity cannot be made.

There were four cases reported in 1948; one each in January, April, July and October. (Ref. table 64). Two of the cases were in Kanagawa prefecture, one in Nagano and one in Hokkaido, all of which are widely separated geographically. (Ref. table 68).

Glanders (Int. List No. 26a). There were no deaths from glanders and none have been recorded since 1935 when there was one. There were two deaths in 1934 and one each in 1931, 1930 and 1926. Five were recorded in 1925, 16 in 1924 and 21 in 1923, the largest number recorded in any single year. Over the 29-year period, 1920 - 1948, no deaths were recorded in 16 of the years and data for three are not available. In the 10 years in which there were deaths, the rate has always been less than one-tenth. (Ref. tables 13 and 14).

Glanders was not made a reportable disease until 1947, so historical comparisons of morbidity cannot be made.

There were three cases of this disease in 1948. They occurred in three prefectures, Wakayama, Kagawa and Toyama, all of which are widely separated geographically. (Ref. table 68).

Plague (Int. List No. 3). There were no cases of plague reported in 1948. No deaths were recorded from plague, and only one death has been recorded in the past 19 years. That was in 1943. (Ref. tables 13 and 14). There were two deaths in 1929, six in 1926, three in 1924 and one in 1923. In 1922 there was an epidemic of 118 cases and 67 deaths. Mortality data are not readily available prior to 1920, but morbidity records extending back to 1900 show many epidemic years, particularly during the quinquennium 1905 - 1909, during which 2,162 cases were reported. In 1907 there were 646 cases, the largest number ever recorded in a single year since data became available in 1900.

During the 25-year period, 1900 - 1924, only two years passed in which no cases were reported, compared to the 24-year period, 1925 - 1948, in which all but one year recorded no cases. (Ref. tables 23 and 24).

Cholera (Int. List No. 4). There were no cases of cholera reported. No deaths were recorded from cholera either in 1948 or 1947, but in 1946 the largest outbreak since 1920 occurred in which there were 1,229 cases and 528 deaths. In 1920 there were 4,985 cases and 3,426 deaths. Mortality data are not readily available prior to 1900, but morbidity records contain reports of two major outbreaks since 1900. In 1916 there were 10,371 cases, and in 1902 there were 13,362 cases. (Ref. tables 13, 14, 23 and 24).

During the quarter century, 1900 - 1924, there were at least 10 epidemic years and in only five of those years were no cases reported. In the second period of almost 25 years, 1925 - 1948, no cases were reported in 15.

Yellow Fever (Int. List No. 38a). No cases or deaths were recorded from yellow fever. In 1943 there were seven deaths, the largest number to be recorded since data became available. There were five deaths in 1923 and from one to two deaths in each of the following years: 1924, 1927, 1929, 1930, 1931, 1933, 1937 and 1942.

Yellow fever was not made a reportable disease until 1947, so historical comparisons cannot be made.

Chancroid (Int. List No. 44a). Data are not available for deaths attributed to chancroid. There were 36,426 cases and the case rate was 45.7 per 100,000 population. This was lower than the 1947 figure of 52.4, but a little higher than the rate (41.2) in 1946. This disease was made reportable in 1945. (Ref. chart 14 and table 68).

Seasonal distribution of the rates showed the peak in March (74.2), with the rate in April (72.2) only a little lower. Rates recorded during the first five months were considerably higher than those for the rest of the year. (Ref. table 65).

Prefectural rates ranged from 4.2 in Yamagata to 231.2 in Aichi. Only three prefectures had rates within the limits of 10% above and

below the national average; rates in 12 prefectures exceeded the national average by more than 10%, and rates in 31 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Aichi (231.2), Kyoto (95.2), Nara (81.8), Yamaguchi (80.3) and Kanagawa (79.7). Those having rates well below the average included Yamagata (4.2), Iwate (8.2), Miyazaki (10.3), Nagano (11.5), Kagoshima (13.3), Akita (13.4) and Shimane (13.5).

Gonorrhea (Int. List No. 25). Data are not available for deaths attributed to this disease. There were 217,956 cases, and the case rate was 273.3 per 100,000 population, practically the same as that (272.7) in the preceding year (1947). In 1946 the case rate was 171.6. This disease was made reportable in 1945.

The seasonal distribution showed the highest rates in April (404.2), March (363.6) and May (338.1). (Ref. chart 14 and tables 64 and 65).

Prefectural rates ranged from 77.2 in Yamagata to 611.2 in Aichi. Five prefectures had rates within the limits of 10% above and below the national average; rates in 14 prefectures exceeded the national average by more than 10%, and rates in 27 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Aichi (611.2), Kanagawa (567.9), Yamaguchi (527.7), Fukuoka (460.5) and Hyogo (455.0). Those having rates well below the average included Yamagata (77.2), Iwate (81.0), Shimane (93.1), Saitama (98.0) and Niigata (120.0).

Poliomyelitis (Int. List No. 36). There were 980 cases of poliomyelitis and the case rate was 1.2 per 100,000 population. Historical comparisons of morbidity cannot be made because this disease was not made reportable until August of 1947. Mortality data are not readily available. (Ref. table 68).

The seasonal distribution of case rates showed a peak of 2.6 in August. The September rate (2.5) was only slightly less as was the July rate (2.1). Rates for the months subsequent to September decreased rapidly, and all monthly rates in the first half of the year were less than 1.0. Approximately half of the cases reported in 1948 were recorded for the third quarter of the year. (Ref. tables 64 and 65).

Prefectural case rates ranged from 0.1 to 7.8. Those having rates well above the national average included Miyagi (7.8), Okayama (5.6), Kumamoto (2.8), Oita (2.4) and Fukuoka (2.3). On the other hand, those having lower than average rates included Aichi, Mie, Shiga, Nara and Chiba, in all of which the rate was 0.1.

Mortality data for this disease are not available for 1948. In 1947 there were 1,009 deaths from poliomyelitis. Data are not available for 1944 - 1946. In 1942 and 1943 the deaths totalled 708 and 765 respectively. Only a limited amount of historical information is available. The following table shows the distribution of deaths

for the five-year period, 1937 - 1941, by months.

NUMBER AND PERCENT DISTRIBUTION OF DEATHS FROM POLIOMYELITIS IN JAPAN, 1937 - 1941*

Month	1937		1938		1939		1940		1941	
	No.	%	No.	%	No.	%	No.	%	No.	%
Jan.	35	6.1	58	8.1	41	6.7	56	8.6	55	8.4
Feb.	27	4.7	38	5.3	36	5.9	41	6.3	52	8.0
Mar.	38	6.6	32	4.5	38	6.2	39	6.0	49	7.5
Apr.	39	6.8	40	5.6	35	5.7	46	7.1	47	7.2
May	33	5.8	52	7.3	51	8.3	59	9.1	46	7.1
June	44	7.7	58	8.1	47	7.7	55	8.5	49	7.5
July	59	10.4	64	9.0	65	10.6	77	11.9	72	11.0
Aug.	108	18.8	102	14.2	75	12.2	74	11.5	68	10.5
Sep.	48	8.4	108	15.1	93	15.2	61	9.4	48	7.5
Oct.	51	8.9	63	8.8	49	8.0	39	6.0	54	8.3
Nov.	45	7.8	53	7.4	42	6.8	49	7.6	45	6.9
Dec.	46	8.0	47	6.6	41	6.7	52	8.0	66	10.1
Total	573	100.0	715	100.0	613	100.0	648	100.0	651	100.0

* Annual Reports of the Cabinet Bureau of Statistics.

Puerperal Infection (Int. List No. 140, 142a and 147). Provisional data for deaths in 1948 from all puerperal causes are available but not for puerperal infection alone. Puerperal infection was made a reportable disease in 1947 and so historical comparisons cannot be made.

In 1948 there were 969 cases reported and the case rate was 1.2 per 100,000 population. Rates during the first quarter of the year were higher than for other months. (Ref. table 65).

Prefectures having case rates well above the national average included Shimane (6.2), Tokushima (3.6), Yamanashi (3.3), Toyama (2.7) and Shiga (2.5). Those having rates well below the national average included Osaka (0.3), Yamaguchi (0.3), Hyogo (0.4), Chiba (0.5), Kanagawa (0.5) and Mie (0.5). (Ref. table 68).

Trachoma (Int. List No. 88). Trachoma was made a reportable disease in 1947 and so historical comparisons of morbidity cannot be made. In 1948 there were 150,215 cases and the case rate was 188.3 per 100,000 population. (Ref. table 68).

The seasonal distribution of case rates (Ref. table 65) shows June to be the peak month with a rate of 330.4. The second and third highest rates were recorded for July (269.6) and May (248.9).

Prefectures having case rates well above the national average included Miyagi (462.6), Tokushima (401.9), Yamagata (367.4), Fukuoka (349.1), Akita (334.0) and Aomori (327.2). Those having rates considerably less than the national average included Yamanashi (61.8), Yamaguchi (64.1), Shiga (80.6), Niigata (83.6) and Nagano (95.1). (Ref. table 68).

INFANT MORTALITY

There were 166,649 deaths of infants under one year of age in 1948. Approximately 17 out of each 100 deaths recorded were in this age group. The infant death rate (61.5 per 1,000 live births) decreased to a new low record. The trend in the rate has been downward since 1918, when the all-time high point of 188.6 was reached. (Ref. chart A-8 and tables 3 and 4).

For all "shi" combined the rate was 53.3 and for all "gun" 65.6. (Ref. table 76).

The distribution of the infant death rates was in agreement with the usual seasonal pattern. The December figure (83.2) was highest among the 12 months. Data are not available for the period 1944 - 1946. All monthly rates recorded in 1948 were lower than the rates in the corresponding months for the eight years, 1937 - 1942 and 1947 - 1948. Attention is again called to the fact that the monthly rate for January is considered to be much lower than the true rate because the number of births used in computing it is believed to be overstated due to the custom frequently observed concerning registrations of birth in an effort to avoid becoming one year older (Japanese age). For the same reason, the December infant death rate is made too high. An unknown number of declarations of events which actually occur in December is made in January, because January is considered a lucky month by many people. (Ref. charts A-9 and A-10 and tables 28, 29, 71, 72, 77 and 78).

Prefectural rates ranged from 44.5 per 1,000 live births in Kanagawa to 97.1 in Aomori. Both of these prefectures held the same relative position in the preceding year. Twenty-two prefectures had rates within limits of 10% above and below the national average. Ten prefectures had rates more than 10% above the average, and 14 prefectures had rates more than 10% below. Included among the prefectures having rates well above the average were Aomori (97.1), Akita (92.4), Fukui (91.7), Iwate (91.8) and Ishikawa (87.9). Those having rates well below the average included Kanagawa (44.5), Tokyo (47.0), Fukuoka (50.7), Nagano, Osaka and Tochigi, all of which had a rate of 52.1. (Ref. chart A-22 and tables 31 and 72).

INFANT DEATHS FROM SELECTED CAUSES

The leading causes of infant deaths cannot be given in rank order historically because data for three causes (congenital debility, premature birth and other diseases peculiar to the first year of life),

which hold high positions of importance are not available for the entire period 1920 - 1948.

Congenital debility, diarrhea and enteritis and pneumonia, all forms, were the three leading causes of infant deaths in 1948 and of importance in the order given. Together they were responsible for 92,696 deaths, more than half of all deaths which occurred among infants. The same causes were the top three in 1947, but pneumonia held second position of importance. In 1947 these causes were also responsible for more than half of all infant deaths. Altogether, the ten leading causes accounted for approximately 83% of the deaths among infants in both 1947 and 1948. (Ref. chart A-6 and tables 34 and 35).

The ten leading causes in their order of importance in 1948 included the following: congenital debility, diarrhea and enteritis, pneumonia, premature birth, bronchitis, other diseases peculiar to the first year of life, congenital malformations, beriberi, meningococcus (not due to meningococcus) and whooping cough.

Infant death rates in 1948 were the lowest of record for the following 13 causes: congenital debility, diarrhea and enteritis, pneumonia (all forms), beriberi, meningitis, not due to meningococcus, whooping cough, ill-defined and unknown causes, measles, convulsions, non-puerperal septicemia, erysipelas, influenza and dysentery. Death rates for typhoid fever, cerebrospinal meningitis, scarlet fever, malaria, diphtheria and tetanus equalled the lowest of record for these diseases. There were no deaths from paratyphoid fever, cholera, anthrax, typhus fever, yellow fever and rabies. The rate for syphilis was almost equal to the lowest of record.

On the other side of the picture, the death rates for congenital malformation and also injury at birth were the highest of record and those from premature birth were only a little lower than the highest.

Congenital Debility (Int. List No. 158). There were 38,323 deaths and the death rate was 14.1 per 1,000 live births from congenital debility, the principal cause of death among infants. Data are not available from 1920 - 1922. In 1923 the rate was 36.1, following which the trend was downward to 27.2 in 1932 and then rose sharply to 33.6 in 1934. In the next few years the course was irregular, but the trend continued downward. From 1938 the rate (31.4) decreased rapidly to 23.0 in 1941, at which level it remained for three years.

Diarrhea, Enteritis and Ulceration of Intestines (Int. List No. 119). The second leading cause of infant deaths was responsible for 31,436 deaths, and the death rate was 11.6, the lowest of record. Excepting for the three-year period, 1944 - 1946, data are available since 1920. The movement of the rate has been irregular, but the trend has been rapidly downward over the last two decades. In 1923 a high point of 32.8 was reached, but by 1939 the rate had decreased (16.1) to approximately half that figure. (Ref. tables 33, 34 and 35).

For all "shi" combined the rate was 9.8 and for all "gun" 12.5. (Ref. table 76).

A pronounced seasonal peak of 21.3 was recorded for July. Rates for June (15.1) and August (17.0) were considerably higher than the average for the year. (Ref. table 74).

Prefectural rates ranged from 7.4 in Gumma to 23.6 in Akita. Nine prefectures had rates within limits of 10% above and below the national average; rates in 15 prefectures exceeded the national average by more than 10%, and rates in 22 prefectures were more than 10% below. Included among the prefectures having rates well above average were Akita (23.6), Aomori (23.4), Iwate (20.0), Ishikawa (19.8) and Toyama (19.3). Those having rates much lower than average included Gumma (7.4), Ehime (7.8), Tokyo (8.1), Aichi (8.3) and Kanagawa (8.4).

Pneumonia, All Forms (Int. List No. 107 - 109). Pneumonia, the third leading cause of infant deaths, claimed 22,937 lives of infants, and the death rate was 8.5, the lowest of record. The over-all trend in the rate has been downward since 1924 when the rate was recorded as 25.5. The rate has not decreased continuously, but rather in quinquennial steps. By 1947 the figure was only a little above half what it had been five years previously. (Ref. tables 32 and 33).

For all "shi" combined the rate was 8.3 and for all "gun" 8.5. (Ref. table 76).

As was to be expected, the rates during the winter months were very high, decreasing as the year advanced to a low point (3.0) in August. (Ref. table 74).

Prefectural rates ranged from 6.0 in Shiga to 15.7 in Iwate. Sixteen prefectures had rates within limits of 10% above and below the national average; rates in 12 prefectures exceeded the national average by more than 10%, and rates in 18 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Iwate (15.7), Aomori (12.2), Ishikawa (10.5), Tokushima (10.5) and Hokkaido (10.2). Those having rates much lower than average included Shiga (6.0), Nara (6.1), Kyoto (6.2), Saga (6.3), Gifu (6.7) and Tochigi (6.7).

Premature Birth (Int. List No. 159). The fourth cause in importance was premature birth, which was responsible for 13,754 infant deaths and the death rate was 5.1 per 1,000 live births. Data are not available prior to 1933 and for 1944 - 1946. The trend in the rate was slightly upward from 1933 (2.4) to 1936 (3.0) after which it was gradually downward to 2.2 in 1943. By 1947 it had increased to 5.4. (Ref. tables 32, 33 and 34).

For all "shi" combined the rate was 4.7 and for all "gun" 5.3. (Ref. table 76).

The highest monthly rate was 7.3 in December. Rates for February and November were both 5.6. (Ref. table 74).

Prefectural rates ranged from 2.9 in Hokkaido to 7.9 in Akita. Fifteen prefectures had rates within limits of 10% above and below the national average; rates in 18 prefectures exceeded the national average by more than 10%, and rates in 13 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Akita (7.9), Chiba (7.8), Ibaraki (7.6), Kagawa (6.9), Kochi (6.9), Toyama (6.8) and Yamagata (6.8). Those having rates much lower than average included Hokkaido (2.9), Yamaguchi (3.0), Nagasaki (3.5), Kanagawa (3.6) and Kagoshima (3.7). (Ref. table 76).

Bronchitis (Int. List No. 106). Bronchitis was fifth in importance as a cause of infant deaths. There were 8,851 deaths and the death rate was 3.3 per 1,000 live births. In 1920 the rate was 12.2, where it remained at approximately that level for three years. In 1923 it fell to 7.0, after which the trend for the next two decades was downward, reaching an all-time low point (2.8) in 1943. Data are not available for 1944 - 1946, but by 1947 the rate had risen to 4.3. (Ref. tables 32, 33 and 34).

For all "shi" combined the rate was 2.3 and for all "gun" 3.8. (Ref. table 76).

Rates were noticeably higher in the winter months, being 5.3 in February and 5.2 in December. The lowest rate (1.1) was recorded for August. (Ref. table 74).

Prefectural rates ranged from 1.4 in Kanagawa to 6.8 in Toyama. Ten prefectures had rates within limits of 10% above and below the national average; rates in 18 prefectures exceeded the national average by more than 10%, and rates in 18 prefectures were more than 10% below. Included among the prefectures having rates well above average were Toyama (6.8), Aomori (5.7), Yamagata (5.2), Niigata (5.2) and Iwate (5.1). Those having rates much lower than average included Kanagawa (1.4), Tokyo (1.7) and Osaka (2.2). Fukuoka, Kumamoto and Kyoto all had rates of 2.3. (Ref. table 76).

Other Diseases Peculiar to First Year of Life (Int. List No. 161). This cause of infant deaths was sixth in importance, the same position it held last year. There were 8,836 deaths and the death rate was 3.3 per 1,000 live births, a little lower than the rate recorded in the preceding year. Data are not available prior to 1947. (Ref. tables 32, 33 and 34).

For all "shi" combined the rate was 2.6 and for all "gun" 3.6. (Ref. table 76).

Rates were highest during the winter months and in particular for February (5.0). The opposite was true for June (2.3) and August (2.3). (Ref. table 74).

Prefectural rates ranged from 2.3 in Kanagawa to 5.2 in Chiba. Sixteen prefectures had rates within limits of 10% above and below the national average; rates in 16 prefectures exceeded the national average

by more than 10%, and rates in 14 prefectures were more than 10% below. Included among the prefectures having rates well above average were Chiba (5.2), Tottori (5.1), Mie (4.6), Nara (4.5) and Kagawa (4.5). Those having rates much lower than average included Kanagawa (2.3), Fukui (2.4), Niigata (2.4) and Tokyo (2.4). (Ref. table 76).

Congenital Malformations (Int. List No. 157). The seventh leading cause of infant deaths was congenital malformations which was responsible for 4,596 deaths and a death rate of 1.7 per 1,000 live births, equalling the all-time high rate recorded three times during the period 1920 - 1943. Data are not available for 1944 - 1946. The trend was upward to 1933, after which it remained about level for four years. It then turned slowly downward, reaching 1.3 in 1943 and by 1947 it had risen slightly to 1.4. (Ref. tables 32 and 33).

For all "shi" combined the rate was 1.7 and the same rate was recorded for all "gun." (Ref. table 76).

The seasonal distribution in the death rates was uneventful, excepting for December, which was 2.6. (Ref. table 74).

Prefectural rates ranged from 1.1 in Nara to 2.4 in Saitama. Eighteen prefectures had rates within limits of 10% above and below the national average; rates in 12 prefectures exceeded the national average by more than 10%, and rates in 16 prefectures were more than 10% below. Included among the prefectures having rates well above average were Saitama (2.4), Yamagata (2.3), Akita (2.2), Gumma (2.2) and Kochi (2.1). Those having rates much lower than average included Nara (1.1), Gifu (1.2) and Tottori (1.2). (Ref. table 76).

Beriberi (Int. List No. 68). The eighth cause of infant deaths in order of importance was beriberi. It caused 3,794 deaths and the death rate was 1.4 per 1,000 live births, the lowest of record. The movement of the rate has been irregular, but the trend after 1923 was downward, reaching 1.9 in 1943. Data are not available for 1944 - 1946, but by 1947 the rate had decreased slightly to 1.8. The 1948 rate shows a marked reduction below the all-time high point (5.6) of 1923 when three times as many deaths (11,373) were recorded. (Ref. tables 32 and 33).

For all "shi" combined the rate was 1.2 and for all "gun" 1.5. (Ref. table 76).

The seasonal distribution of the death rates shows they were highest during the winter months and lowest during the third quarter of the year. (Ref. table 74).

Prefectural rates ranged from 0.4 in Kagawa to 3.3 in Aomori. Thirteen prefectures had rates within limits of 10% above and below the national average; rates in 13 prefectures exceeded the national average by more than 10%, and rates in 20 prefectures were more than 10% below. Included among the prefectures having rates well above average were Aomori (3.3), Iwate (3.1), Ishikawa (2.6), Saga (2.6), and Toyama (2.5). Those having rates much lower than average included

Kagawa (0.4), Tokushima (0.5), Gumma (0.6), Miyazaki (0.6), Yamanashi (0.6) and Nagano (0.6). (Ref. table 76).

Meningitis, not due to Meningococcus (Int. List No. 81). This cause was ninth in importance among infant deaths. There were 2,799 deaths and the death rate was 1.0 per 1,000 live births, the lowest of record. In 1920 the rate was 12.5, following which it increased to an all-time high point of 13.7 in 1923. After that the trend was downward. (Ref. tables 32 and 33).

For all "shi" combined the rate was 1.0, and the same for all "gun." (Ref. table 76).

The seasonal distribution of the rates showed a noticeable increase for months in the second quarter of the year. (Ref. table 74).

Prefectural rates ranged from 0.6 in Yamanashi to 1.6 in Mie and Niigata. Fifteen prefectures had rates within limits of 10% above and below the national average; rates in 16 prefectures exceeded the national average by more than 10%, and rates in 15 prefectures were more than 10% below. Included among the prefectures having rates well above average were Mie (1.6), Niigata (1.6), Akita (1.5), Chiba (1.5), Ehime (1.5), Hiroshima (1.5) and Ishikawa (1.5). Those having rates much lower than average included Yamanashi (0.6), Yamaguchi (0.7), Shiga (0.7), Tochigi (0.7), Kanagawa (0.7), Ibaraki (0.7), Fukushima (0.7) and Gumma (0.7). (Ref. table 76).

Whooping Cough (Int. List No. 9). Whooping cough was tenth in importance as a cause of infant deaths, being responsible for 2,595 deaths. The death rate of 1.0 per 1,000 live births was the lowest of record. The movement of the rate since 1920 has been irregular with the highest point (3.7) recorded in 1932. After that, the trend was uneventful, reaching 2.1 in 1943. Data are not available for 1944 - 1946, but by 1947 the rate had risen to 3.2. (Ref. tables 32 and 33).

For all "shi" combined the rate was 1.0, the same as that for all "gun." (Ref. table 76).

There was a definite seasonal summer peak in the death rates from this disease, the highest rate being in July (1.6). (Ref. table 74).

Prefectural rates ranged from 0.2 in Nara to 2.2 in Shimane. Thirteen prefectures had rates within limits of 10% above and below the national average; rates in 12 prefectures exceeded the national average by more than 10%, and rates in 21 prefectures were more than 10% below. Included among the prefectures having rates well above average were Shimane (2.5), Niigata (2.0), Gumma (2.0), Hokkaido (1.7) and Toyama (1.6). Those having rates much lower than average included Nara (0.5), Mie (0.3), Tokushima (0.3), Tottori (0.3) and Hiroshima (0.4). (Ref. table 76).

Ill-Defined and Unknown Causes (Int. List No. 199 - 200). There were 2,789 deaths of infants classified as having been caused by ill-defined and unknown causes and the death rate was 1.0 per 1,000 live births, the lowest of record but only slightly below the 1947 rate (1.2). In 1920 the rate was 17.4, following which it increased to 17.6 in 1921 where it remained in 1922. It fell sharply to 7.0 in 1923 and then decreased over the next two decades to 3.2 in 1943. In 1920, 10.5% of all infant deaths were recorded as having been caused by ill-defined and unknown causes; the figure had decreased to 3.7% in 1943, and by 1948 it had been reduced to 1.7%. (Ref. tables 32 and 33).

For all "shi" combined the rate was 0.9 and for all "gun" 1.1. (Ref. table 76).

Monthly rates ranged from 0.6 to 1.4, being somewhat higher during the first quarter of the year. (Ref. table 74).

Prefectural rates ranged from 0.5 to 2.1. Twelve prefectures had rates within limits of 10% above and below the national average; rates in 16 prefectures exceeded the national average by more than 10%, and rates in 18 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Hokkaido (2.1), Toyama (1.9), Aomori (1.8), Wakayama (1.6), Fukui (1.5), Ishikawa (1.5) and Mie (1.5). Those having rates well below average included Tottori, Fukuoka, Nagasaki and Yamaguchi with rates of 0.5. (See remarks under this cause for all ages (page 20) concerning the accuracy and completeness of medical certifications).

Accidents (Int. List No. 169 - 195). There were 2,184 deaths of infants by accidents and the death rate was 0.8, slightly higher than the rate (0.7) in 1947 and equal to that recorded in 1943. The highest rate was 1.9 in 1923, the year of the great earthquake. Subsequent to 1923 the trend in the rate was downward to 1939 (0.5), after which it turned upward, reaching 0.8 in 1942, where it remained in 1943. Data are not available for the period 1944 - 1946. (Ref. tables 32 and 33).

For all "shi" combined the rate was 0.7 and for all "gun" 0.8.

Seasonal distribution of the infant death rates shows a definite summer peak which reached its highest point (1.4) in July. (Ref. table 74).

Prefectural rates ranged from 0.3 in Ehime and Tochigi to 14.4 in Fukui, where a great earthquake occurred in 1948. Only four prefectures had rates within limits of 10% above and below the national average; rates in 13 prefectures exceeded the national average by more than 10%, and rates in 29 prefectures were more than 10% below. Included among the prefectures having rates well above average were Fukui (14.4), Iwate (1.5), and Shimane (1.1). In Fukushima, Kagoshima, Kyoto and Yamagata the rates were 1.0. Those having rates well below average included Ehime (0.3), Tochigi (0.3), Mie (0.4), Saitama (0.4), Shizuoka (0.4) and Tottori (0.4). (Ref. table 76).

Measles (Int. List No. 35). Deaths of infants from measles totalled 1,937 and the death rate was 0.7 per 1,000 live births, the lowest of record. The incidence of measles has a two-year cycle, and the low point of the cycle was due to come in 1948. The 1948 rate was slightly lower than any previous one recorded for the low part of the cycle. In 1943 there were 7,588 infant deaths from this disease and the rate was 3.3, an all-time high record. (Ref. tables 32 and 33).

For all "shi" combined the rate was 0.6 and for all "gun" 0.8. (Ref. table 76).

The seasonal distribution of the infant death rates shows a definite rise during the second quarter of the year, the highest rate (1.8) being in June. (Ref. table 74).

Prefectural rates ranged from less than one-tenth in Yamanashi to 2.4 in Iwate and Kagawa. Included among prefectures having rates well above the national average were Iwate (2.4), Kagawa (2.4), Aomori (1.7), Okayama (1.6) and Ishikawa (1.6). Those having rates much lower than average included Yamanashi with 0.0 and Chiba, Kanagawa, Nara, Saitama and Tokyo with rates of 0.1. (Ref. table 76).

Convulsions (Int. List No. 86). Deaths of infants from convulsions totalled 1,310 and the death rate was 0.5 per 1,000 live births, the lowest of record. In 1920 the rate was 2.8, where it remained for three years and then increased to an all-time high point of 3.0 in 1923. Subsequent to 1923 the trend was downward, reaching 0.6 in 1942 and 1943. Data are not available for the period 1944 - 1947. In 1937 the number of deaths (2,652) recorded was approximately twice the 1948 figure; the 1930 figure (3,971) was about three times as great; the 1925 figure (5,179) was a little less than four times as great; and the 1923 number of deaths (6,213) was more than four and one-half times as great. (Ref. tables 32 and 33).

For all "shi" combined the rate was 0.2 and for all "gun" 0.6. (Ref. table 76).

The distribution of rates according to months was uneventful. All of the rates during the third quarters were 0.3 and rates in all other months were 0.5, 0.6 or 0.7. (Ref. table 74).

Prefectural rates ranged from less than one-tenth in Kochi, Miyazaki, Okayama, Saitama and Tokyo, to 6.2 in Toyama, 4.8 in Ishikawa and 3.1 in Aomori. (Ref. table 76).

Tuberculosis, All Forms (Int. List No. 13-22). Tuberculosis caused 1,236 deaths of infants and the death rate was 0.5 per 1,000 live births. In 1920 the rate was 1.3 and during the subsequent decade the trend was downward, reaching 0.5 in 1930. For the next twenty years (in which data are available), the rate remained practically constant, ranging from 0.4 to 0.5. (Ref. tables 32 and 33).

For all "shi" combined the rate was 0.8 and for all "gun" 0.3. (Ref. table 76).

During the four-month period, April - July, the rate increased to a higher level than was recorded for the rest of the year. (Ref. table 74).

Prefectural rates ranged from 0.1 in Nara, Tochigi and Yamanashi to 0.9 in Hokkaido and Tokyo. Only four prefectures had rates within limits of 10% above and below the national average; rates in nine prefectures exceeded the national average by more than 10%, and rates in 33 prefectures were more than 10% below. Included among the prefectures having rates well above average were Hokkaido (0.9), Tokyo (0.9), Fukuoka (0.7), Hyogo (0.7) and Shimane (0.7). Those having rates well below average included Nara, Tochigi and Yamanashi with 0.1 and eight prefectures with a rate of 0.2. (Ref. table 76).

Syphilis (Int. List No. 30). Syphilis caused the death of 1,152 infants and the death rate was 0.4 per 1,000 live births, the second lowest of record and only slightly higher than that (0.3) recorded in 1947. In 1920 there were more than five times as many deaths and the rate was 3.0. This was only a little lower than the all-time high record of 3.1 in 1921. For almost 30 years the trend has been downward.

The rate for all "shi" combined was 0.6 and for all "gun" 0.4. (Ref. table 76).

The seasonal distribution of the monthly rates was uneventful. (Ref. table 74).

Prefectural rates ranged from 0.1 in Nagano to 0.9 in Nagasaki. Prefectures having rates well above average included Nagasaki (0.9), Fukuoka (0.8), Kagoshima (0.8), Saga (0.8) and Kyoto (0.7). Those having rates well below the average included Nagano (0.1), and in Gifu, Gumma, Hiroshima, Kagawa, Niigata, Okayama, Saitama, Tochigi, Tokushima and Yamagata the rate was 0.2. (Ref. table 76).

Non-Puerperal Septicemia and Purulent Infection (Int. List No. 24). There were 1,045 deaths of infants from this cause and the death rate was 0.4 per 1,000 live births, the lowest of record. In 1920 the rate was 0.5 following which it increased to 0.9 in 1928, where it remained for five years and then rose to 1.0 in 1933. It was recorded as 1.0 or 0.9 until 1941 when the downward trend had its beginning. Data are not available for 1944 - 1947.

For all "shi" combined the rate was 0.4, the same as for all "gun." (Ref. table 76).

The seasonal distribution of the monthly rates was uneventful. (Ref. table 74).

Prefectural rates ranged from 0.2 to 0.9. Prefectures having rates well above average included Oita (0.9), Yamaguchi (0.8), Kagoshima (0.7), Miyazaki (0.6) and Nagasaki (0.6). Those having rates well below the average included Saitama (0.2 and Tokushima (0.2). In 19 prefectures the rate was 0.3. (Ref. table 76).

Tetanus (Int. List No. 12). Deaths of infants from tetanus totalled 1,013 and the death rate was 0.4 per 1,000 live births. In 1921 the rate was 1.2, the highest in almost three decades and subsequent to that year the trend has been gradually downward. After a rate of 0.4 was reached in 1940, it remained at that level. (Ref. tables 32 and 33).

For all "shi" combined the rate was 0.3 and for all "gun" 0.4. (Ref. table 76).

The seasonal distribution of rates shows that they were highest during the summer months. In both July and August the rate was 0.6. (Ref. table 74).

Prefectural rates ranged from 0.1 to 1.3. Seven prefectures had rates within limits of 10% above and below the national average; rates in 16 prefectures exceeded the national average by more than 10%, and rates in 23 prefectures were more than 10% below. Included among the prefectures having rates well above the average were Chiba (1.3), Ibaraki (1.2), Gumma (0.8) and Kagawa (0.7). Those having rates well below average included Fukui, Hiroshima, Iwate, Niigata, Osaka and Toyama, in all of which the rate was 0.1. (Ref. table 76).

Injury at Birth (Int. List No. 160). There were 1,007 deaths of infants from this cause and the death rate was 0.4 per 1,000 live births, the highest of record since data became available in 1933. Between 1933 and 1943 the annual rate was 0.2, with a single exception (0.1) in 1940. Data are not available for 1944 - 1946. By 1947 it had risen slightly to 0.3. (Ref. tables 32 and 33).

For all "shi" combined the rate was 0.4, the same as for all "gun." (Ref. table 76).

The seasonal distribution of the monthly rates was uneventful. (Ref. table 74).

Prefectural rates ranged from 0.2 in Fukuoka, Ishikawa, Kumamoto, Shizuoka and Tochigi to 1.0 in Yamata, 0.8 in Shiga and 0.7 in Tottori. (Ref. table 76).

Diphtheria (Int. List No. 10). Diphtheria was responsible for 356 deaths of infants and the death rate was 0.1 per 1,000 live births, just half the rate (0.2) recorded in 1947. Data are not available for the three-year period, 1944 - 1946. In 1920 the rate was 0.2 and it has remained practically at that level for almost three decades, ranging between the narrow limits of 0.1 to 0.2, excepting for the single year of 1943, when it was 0.3. (Ref. tables 32 and 33).

For all "shi" combined the rate was 0.2 and for all "gun" 0.1. (Ref. table 76).

Rates during the winter months were only slightly higher than for the rest of the year. They ranged from 0.1 to 0.2, excepting in December when the rate was 0.3. (Ref. table 74).

Prefectural rates ranged from less than one-tenth in five prefectures, Mie, Shiga, Tochigi, Wakayama and Yamanashi, to 0.4 in Saga and 0.3 in Hokkaido and Yamagata. In 33 prefectures the rate was 0.1. (Ref. table 76).

Influenza (Int. List No. 33). Deaths of infants from influenza totalled 134 and the death rate was less than one-tenth per 1,000 live births, the lowest of record. In 1920 the rate was 4.6, and in that year there were 9,317 deaths. It dropped sharply to 0.8 in 1921, and up to 1939 the trend was uneventful. Subsequent to that year there has been a downward trend in the rate. (Ref. tables 32 and 33).

For all "shi" combined the rate was 0.1 and for all "gun" less than one-tenth. (Ref. table 76).

The seasonal distribution of the monthly rates was uneventful. (Ref. table 74).

Prefectural rates ranged from zero to 0.3. There were no deaths recorded from influenza in Kagawa, Kochi, Nara, Saga, Shimane, Tochigi, Tottori and Toyama. The highest rate (0.3) was recorded in Aomori. Nineteen prefectures had rates of 0.1 and 18 had 0.0. (Ref. table 76).

Dysentery (Int. List No. 27). Dysentery caused 101 deaths of infants and the death rate was less than 0.1. Data are not available for the three-year period, 1944 - 1946. In 1920 the rate was 0.1 where it has remained until the present year. (Ref. tables 32 and 33).

For all "shi" combined the rate was less than one-tenth, and the same rate was recorded for all "gun." (Ref. table 76).

The seasonal distribution showed a slight increase in the rate during the summer months (Juen, July, August and September) when 0.1 was recorded. For all other months the rate was less than one-tenth. (Ref. table 74).

Prefectural rates ranged from zero to 0.1. The eight prefectures in which there were no deaths from this disease included Chiba, Ishikawa, Kagawa, Miyagi, Nara, Oita, Shiga and Toyama. (Ref. table 76).

STILLBIRTHS

Stillbirths totalled 144,095 in 1948 and the provisional stillbirth rate was 53.2 per 1,000 live births. Data are not available prior to 1886. From 1886 to 1902 the general trend in the rate was upward, reaching a high point of 104.4 in 1902. The trend started downward in 1902, but the rate rose sharply to the highest point (107.4) of record in 1906, only to fall rapidly the next year to 98.4. By 1943 the rate had fallen to 41.5, the lowest of record. Data are not available for 1944 and 1945. The 1948 rate (53.2) equalled that recorded 12 years earlier. (Ref. chart A-8 and tables 3 and 4).

For all "shi" combined the rate was 67.0 per 1,000 live births and for all "gun" 46.3. (Ref. table 80).

The historical monthly distribution of the rates has varied considerably from year to year. The same remarks made regarding the incorrectness of monthly infant death rates for January and December also apply to the stillbirth rates. Excluding consideration of the rates for December during the decade 1920 - 1929, April generally had the highest rate; during the next decade, 1930 - 1939, it was highest in June in six of the years, and in 20 out of the 22 years between 1920 and 1941 it was highest in either April, May or June. In 1948 (exclusive of December) it was highest in October (59.2), followed by September (58.0). (Ref. charts A-9 and A-11 and tables 37 and 80).

Prefectural rates ranged from 40.3 in Toyama to 65.0 in Shimane. Thirty-two prefectures had rates within limits of 10% above and below the national average; rates in seven prefectures exceeded the national average by more than 10%, while rates in seven prefectures were more than 10% below. Included among the prefectures having rates well above the average were Shimane (65.0), Okayama (64.7), Nagano (64.0), Gumma (60.4), Tottori (61.9) and Tokushima (60.2). Those having rates well below average included Toyama (40.3), Ishikawa (43.1), Hokkaido (44.8), Aomori (45.6). (Ref. chart A-22 and table 49).

Historically, prefectures recorded as having high stillbirth rates prior to 1944 have changed.

Neither Shimane nor Okayama, first and second respectively in prefectural rate order in 1948, had prior only placed among those having the three highest rates. Nagano, which had the third highest rate in 1948, held second place in 1947, but before that never placed among the first three prefectures. Data are not available for 1944 and 1945.

Osaka had the highest rate in 1929, 1931 - 1943 and 1946, and second highest in 1930. Tochigi had the highest rate in 1920 - 1928, second highest in 1936 and 1941, third highest in 1934. Nara had the highest rate in 1930, second highest in 1929, 1931 - 1935 and third highest in 1936 - 1939 and 1943. Saitama had the second highest rate in 1920, 1926, 1939, 1942 - 1943 and third highest in 1921, 1925, 1927 - 1928, 1930 - 1932 - 1933, 1935, 1941 and 1946. Ibaraki had the second highest rate in 1921 - 1923, 1925, 1927 - 1928 and third highest in 1920, 1924, 1926, 1929 and 1931. Hyogo had the second highest rate in 1937 - 1939 and third highest in 1940 and 1942. (Ref. table 39).

Prior to 1948 the order of birth was never tabulated. Provisional data based upon a random sample show that 34.5% of the stillbirths were first born, 16.7% second born, 11.4% third born and 37.5% of a higher order.

Special studies of provisional data based on random sampling show that physicians attended 48.4% of all stillbirths; midwives, 51.0% and 0.6% were unattended by licensed physician or midwife. If a physician attends a delivery, even though it was first attended by a midwife, it is charged to the physician. In difficult cases the midwife calls a physician whenever possible.

Note: All stillbirth data for 1948 is of stillbirths after the fifth month of interogestation and for all previous years is for stillbirths after the third month of interogestation.

MARRIAGES

There were 960,275 marriages and the provisional marriage rate was 12.0 per 1,000 population in 1948, the second highest rate ever recorded since data became available in 1883, and almost equal to the highest rate of 12.1 in 1947. (Ref. chart A-12).

The long-time trend in the rate has been indefinite. During periods in which there have been wars, and especially following their termination, the marriage rates have risen. High points may be observed in the following years: 1896, 11.8; 1898, 10.8; 1908, 9.4; 1920, 9.8; 1937, 9.5; 1941, 10.8; 1947, 12.1 and 1948, 12.0. The longest period of time which elapsed without marked variations in the rate was between 1920 and 1936. (Ref. charts A-13 and A-14 and tables 3 and 4).

For all "shi" combined the rate was 11.2 and for all "gun" 12.4. (Ref. table 82).

The seasonal distribution of the rates was a little different from the usual pattern of previous years. Instead of decreasing in April, the rate (15.7) remained the same as in March. It decreased in May as usual. In May 1947, the rate (17.1) increased sharply, which was the first time a May increase had ever been recorded, although for several years the May decrease had been slight. The reason for the May 1947 increase is not known definitely, but the fact that the Constitution for Japan, which contained much more liberal provisions for permission to marry, became effective in that month may explain it.

A monthly comparison of rates recorded in the previous year shows that eight of them were lower and of that number, seven were among the last eight months of 1948. (Ref. table 41).

Prefectural rates ranged from 10.4 in Kanagawa to 14.5 in Kagawa. Thirty-eight prefectures had rates within limits of 10% above and below the national average; rates in five prefectures exceeded the national average by more than 10%, and rates in three prefectures were more than 10% below. Included among the prefectures having rates well above average were Kagawa (14.5), Tokushima (13.8), Saga (13.6), Nagasaki (13.5), Miyazaki (13.5) and Oita (13.2). Those having rates well below average included Kanagawa (10.4), Tokyo (10.5), Chiba (10.6), Yamanashi (10.8) and Saitama (10.9). Of the six prefectures listed as having rates higher than average, four are on Kyushu Island and two are on Shikoku Island, both of which are in the extreme southern part of Japan. On the other hand, all of the five prefectures listed as having rates lower than average are on Honshu Island and located in the Kanto (area in and around Tokyo) area. (Ref. chart A-23 and table 49).

Historically, marriage rates have varied considerably both with respect to time and geographic area. Kagawa, which had the highest

rate in 1948, and Saga, the third highest, have frequently been among prefectures with the three highest rates, but Tokushima, which placed second in 1948, has never been included in this group before. Certain prefectures stand out as having been many times among the first three, such as Toyama, Fukui, Akita, Ishikawa, Kagawa and Saga.

Toyama had the highest rate in 1925 - 1937, 1940, 1941 and 1943, second highest in 1920 and 1924, and third highest in 1939. Fukui had the highest in 1942, second highest in 1928 - 1931 and 1934 - 1935, and third highest in 1926, 1932 - 1933 and 1936. Akita had the highest rate in 1920 - 1924, second highest in 1925 - 1927 and third highest in 1928 and 1929. Ishikawa had the highest in 1936, second highest in 1932 - 1935, 1940, 1943 and third highest in 1927 and 1930 - 1931. Kagawa had the highest in 1942 and 1948, second highest in 1932, 1936 - 1937 and 1939, and third highest in 1929, 1940 and 1943. Saga had the highest in 1939, second highest in 1922 - 1923 and 1938, and third highest in 1920 - 1921, 1935 - 1936 and 1948. (Ref. table 43).

DIVORCES

Divorces totalled 79,415 and the provisional divorce rate was 1.0 per 1,000 population, equalling the rate in 1947 which was the highest to be recorded since 1920. Data are not available prior to 1883 in which year the rate was 3.4, the highest of record. The long-time trend has been downward. By 1937 the rate (0.6) had fallen to its lowest point. It remained at approximately that level for seven years. Data are not available for 1944 - 1946. The rate rose to 1.0 in 1947. (Ref. chart A-12 and tables 3 and 4).

For all "shi" combined the rate was 1.0 and the same for all "gun." (Ref. table 84).

The distribution of monthly rates followed the usual pattern. A review of historical data shows that the March rate has been higher or equal to those of the months preceding and following it. The tendency of the rate to rise to a slight peak in March was most pronounced during the decade 1920 - 1929. What has been said of the March rate generally applies also to September. The March rate (1.1) in 1948 was slightly higher than the February rate (1.0) and the same as that recorded for April. The September rate (1.1) was slightly higher than that (1.0) for August and October. The rate did not increase in May as it did in 1947. The unusual increase in 1947 may be explained by the fact that the Constitution for Japan which contained more liberal provisions concerning divorce became effective in May. (Ref. charts A-13 and A-15 and table 45).

Prefectural rates ranged from 0.7 to 1.6. Twenty-three prefectures had rates within limits of 10% above and below the national average; rates in 14 prefectures exceeded the national average by more than 10%, and rates in nine prefectures were more than 10% below. Included among the prefectures having rates well above the average were Akita (1.6), Kochi (1.4), Toyama (1.4), Ishikawa (1.3) and Nagasaki (1.3). Those having rates lower than average included Chiba, Ibaraki,

Saitama and Yamanashi, all of which had a rate of 0.7.

Historically, divorce rates have varied with respect to time and geographic area. All of the prefectures which were included among those having the three highest rates in 1948 have frequently held similar positions in previous years.

Akita prefecture has shared the highest rate every year, beginning with the exceptions of 1930 and 1931 when it held second position. Data are not available for 1944 - 1946. Toyama, which shared second place in 1948, has held or shared first, second or third place in 16 of the 26 years for which data are available since 1920. Kochi, which also shared second place in 1948, has held or shared first, second or third place 18 times during the period. Ishikawa, which shared third place in 1948, has held or shared first, second or third place 15 times. Nagasaki, which shared third position in 1948, has placed among the first three only five times, and in each instance it was the third highest. Other prefectures which were not among the first three in 1948 have frequently had high rates in previous years. For example, Hiroshima has placed 23 times, Aomori 23 times, Niigata 22, Ehime 20, Shimane 16, Fukui 15, Kagawa 10, Tottori 10, Yamaguchi 10, and Oita 8. (Ref. chart A-23 and table 47).

NON-NATIONALS

Vital events of non-nationals in Japan are shown in table 85. In 1948 there were 20,549 births compared to 13,301 in 1947. Deaths totalled about the same in both years, there being 4,432 in 1948 and 4,184 in 1947. The same was true of infant deaths (under one year of age), with the numbers being 1,196 and 1,142 respectively. Stillbirths increased from 789 in 1947 to 1,037 in 1948. There was considerable difference in the number of marriages in 1947 (2,838) and in 1948 (748). (Note: During August 1947 approximately 700 marriages were performed between members of the Occupation Forces and Japanese Nationals by special permission of GHQ, SCAP). This may be partly explained by the fact that in 1947 the number included marriages in which either the husband or wife was not a Japanese National, and in 1948 in which neither were Japanese Nationals. The same explanation may apply in the case of divorces, the number of which was 138 in 1947 and 34 in 1948. There are reasons for believing that the number of events reported for non-nationals are incomplete, although there is no way to determine the extent to which it may be true.

Official annual vital statistics reports of the Japanese Government did not contain the number of live births, deaths, marriages and stillbirths to non-nationals in Japan. No data are available for 1920 - 1922, 1937 - 1944 and that for 1945 are not considered to be in useful forms. Data for 1946 are available only for the last quarter of the year, because the system of obtaining transcripts of the original registrations was not resumed after the end of the war until October 1946. The following table contains information secured from

unpublished reports of the Japanese Government. There is no way of measuring the incompleteness of such registrations.

BIRTHS, DEATHS, MARRIAGES AND DIVORCES OF NON-NATIONALS IN JAPAN, 1923 - 1936, 1947 AND 1948

Year	Births	Deaths	Marriages	Divorces
1923	53	182	54	-
1924	45	93	21	-
1925	87	163	19	-
1926	85	180	32	-
1927	122	238	25	1
1928	119	300	26	1
1929	130	270	27	1
1930	249	433	24	1
1931	322	446	36	2
1932	933	578	66	4
1933	1,533	720	83	6
1934	2,739	1,603	116	10
1935	4,917	2,285	142	15
1936	5,594	2,159	167	8
1937 - 1946	NA	NA	NA	NA
1947	13,301	4,184	2,838	138
1948	20,549	4,432	748 *	34 *

* Includes only marriages or divorces in which both husband and wife were non-Japanese. Data for previous years includes marriages and divorces in which either the husband or wife were non-Japanese.

BIRTHS, DEATHS AND INFANT DEATHS TO JAPANESE NATIONALS OUTSIDE OF JAPAN

The number of live births recorded for Japanese Nationals outside of Japan in 1948 totalled 8,896 and 24,633 in 1947. The numbers of deaths were 142,062 and 470,268 respectively.

Infant deaths numbered 966 in 1948 and 3,435 in 1947. Data for previous years are not available. (Ref. table 86).

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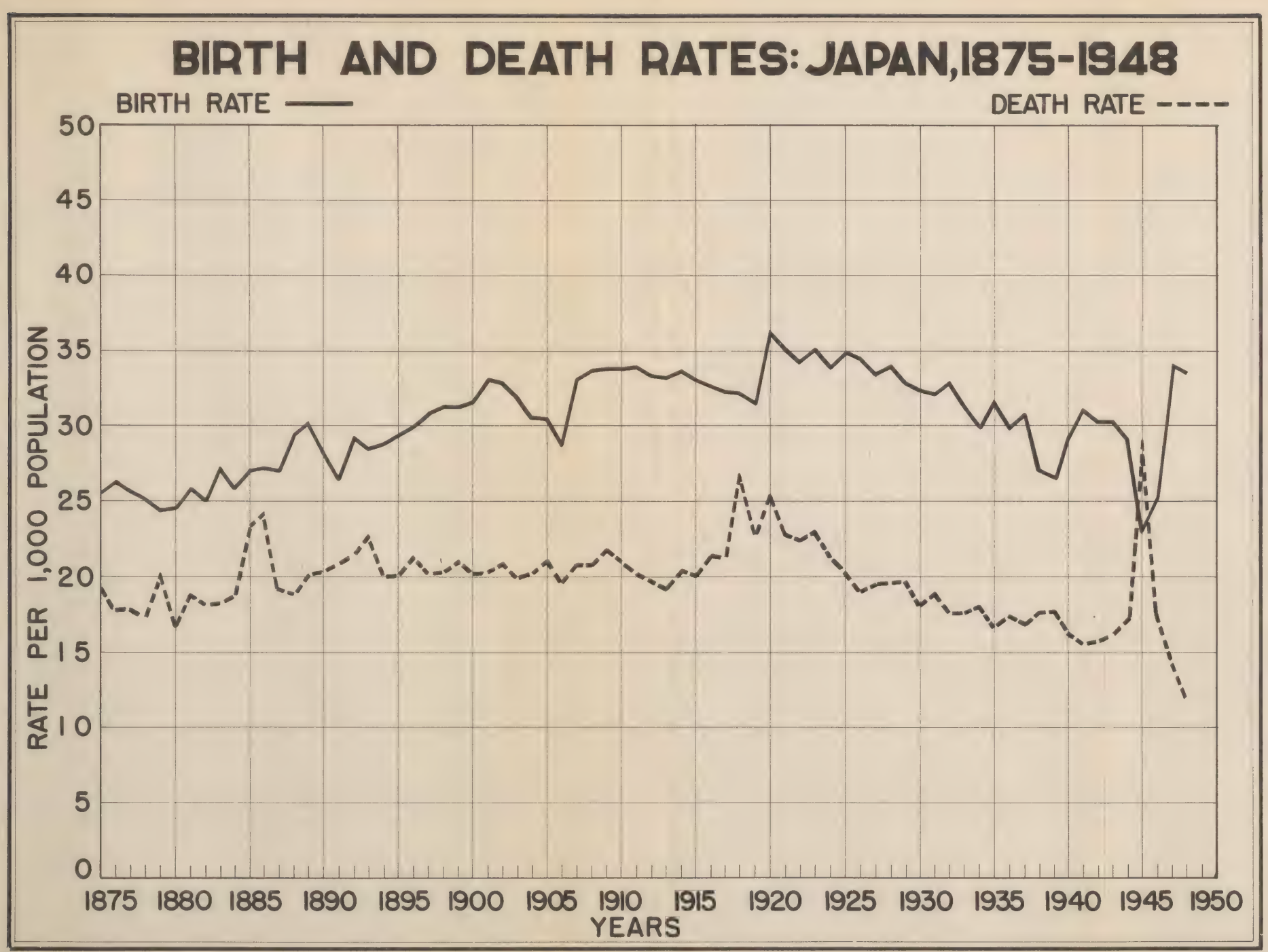
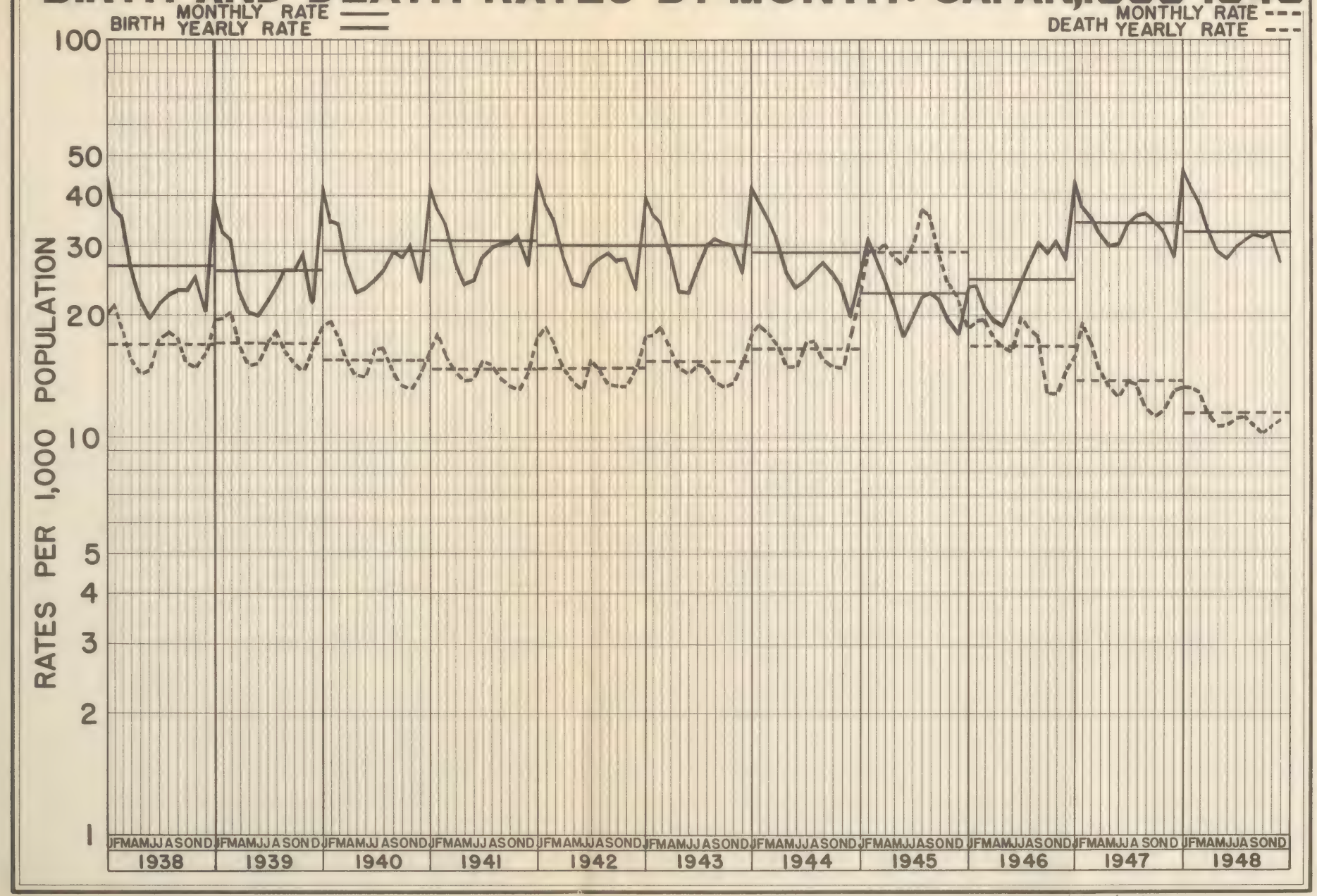
BIRTH AND DEATH RATES: JAPAN, 1875-1948



(A-1) PHW/HS CHART NO. B-10 28-8-1948

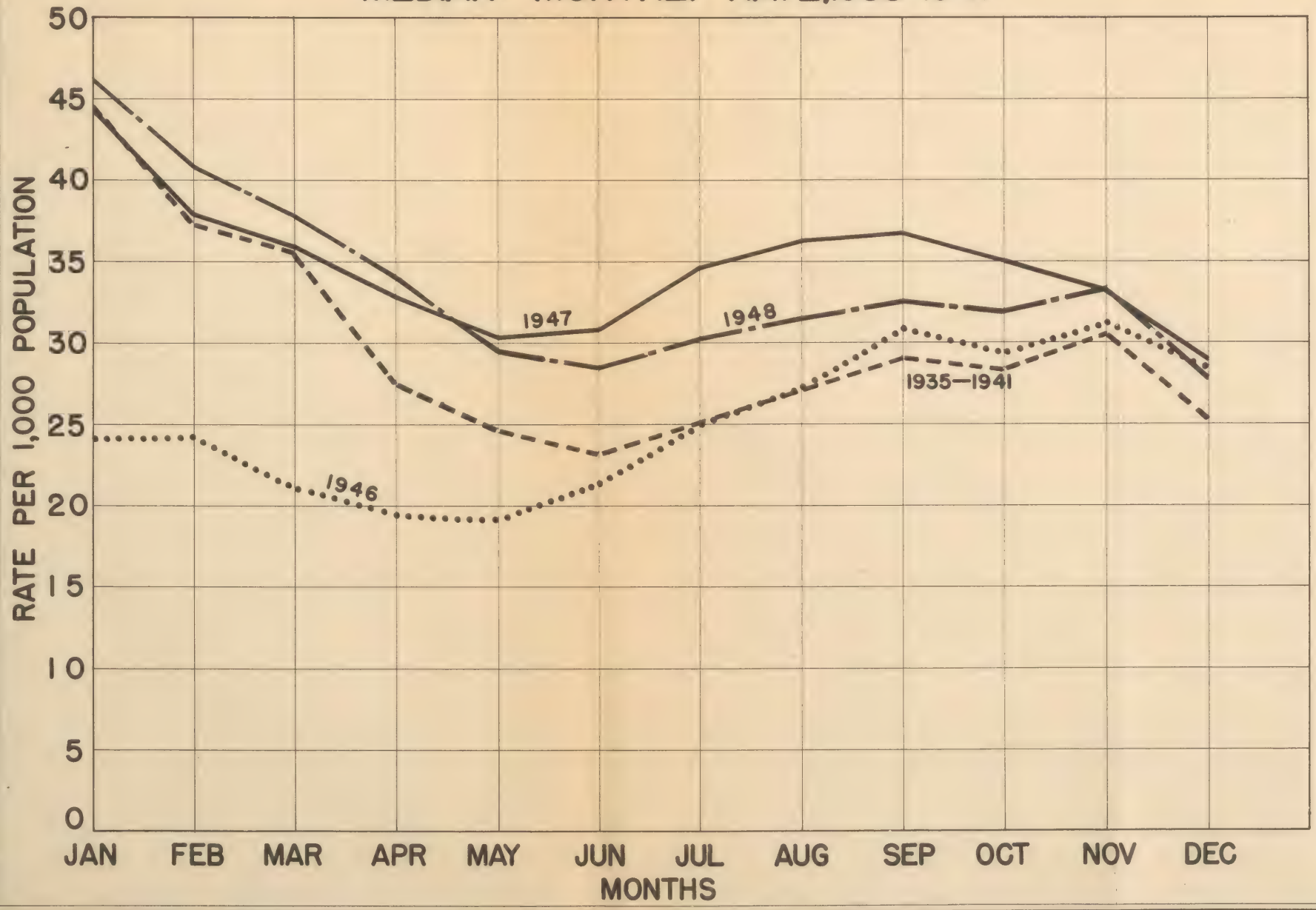
BIRTH AND DEATH RATES BY MONTH: JAPAN, 1938-1948



(A-2) PH&W/HS CHART NO. B-53 28-3-1949

BIRTH RATE BY MONTH: JAPAN, 1946-1948

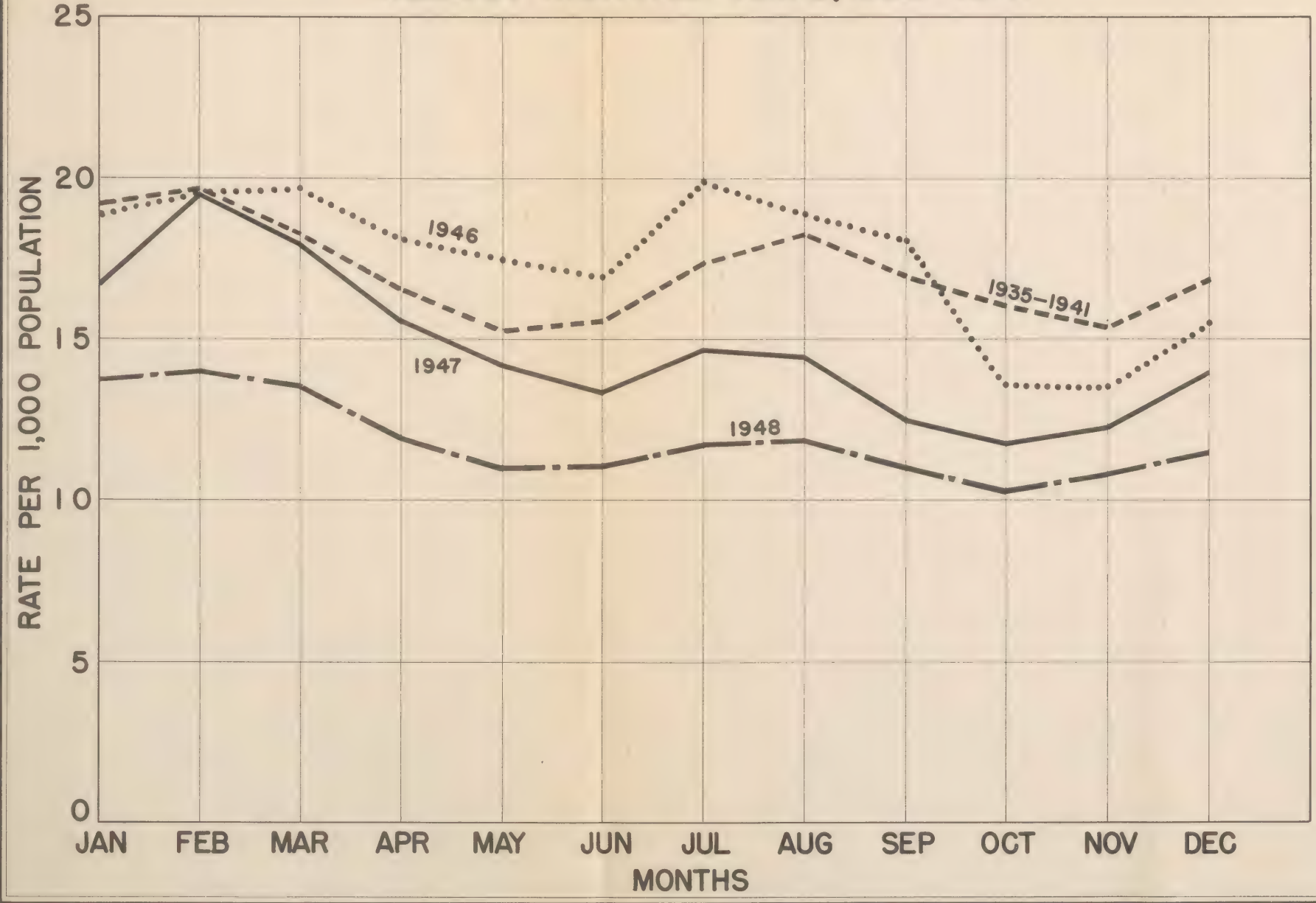
MEDIAN MONTHLY RATE, 1935-1941



(A-3) PH&W/HS CHART NO. B-13 31-8-1948

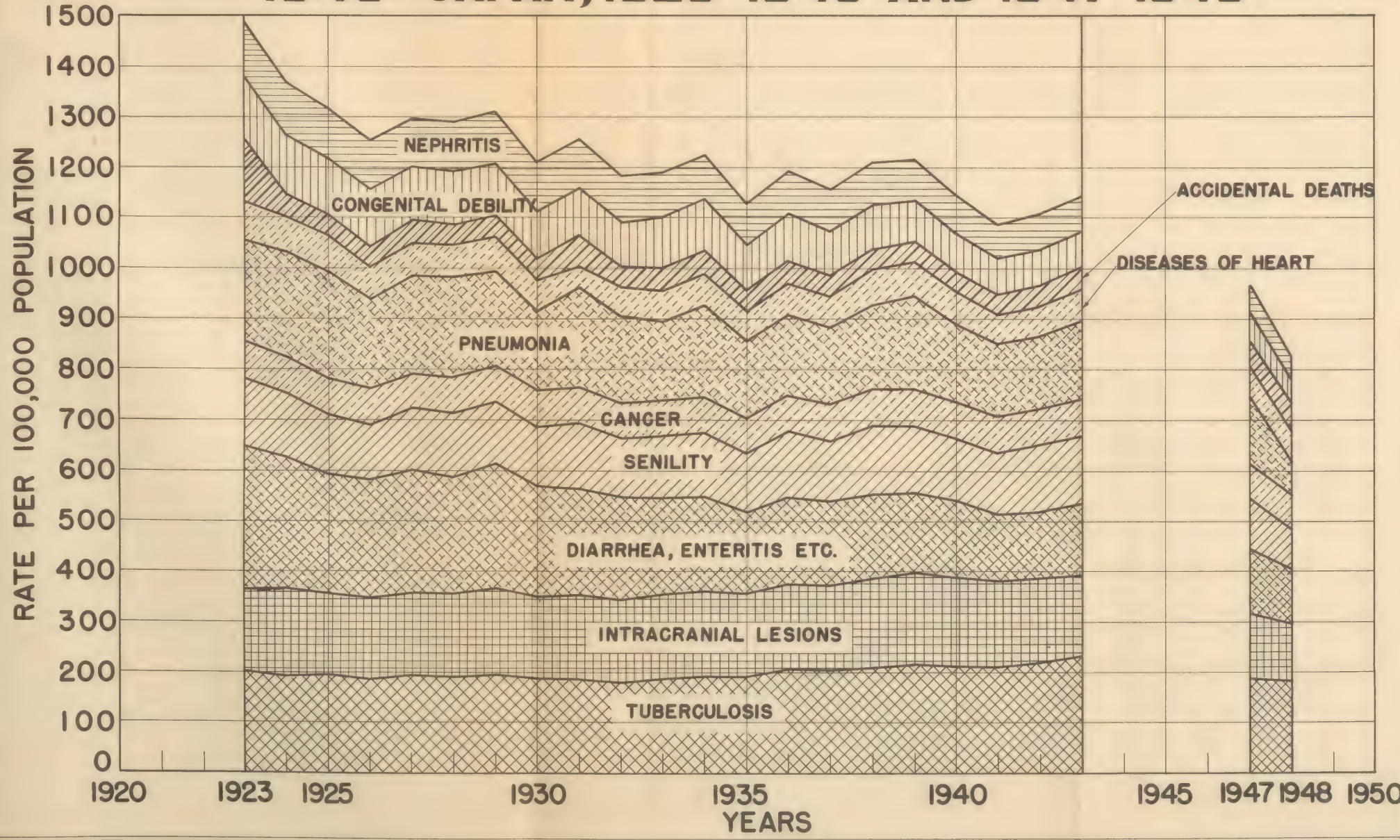
DEATH RATE BY MONTH: JAPAN, 1946-1948

MEDIAN MONTHLY RATE, 1935-1941



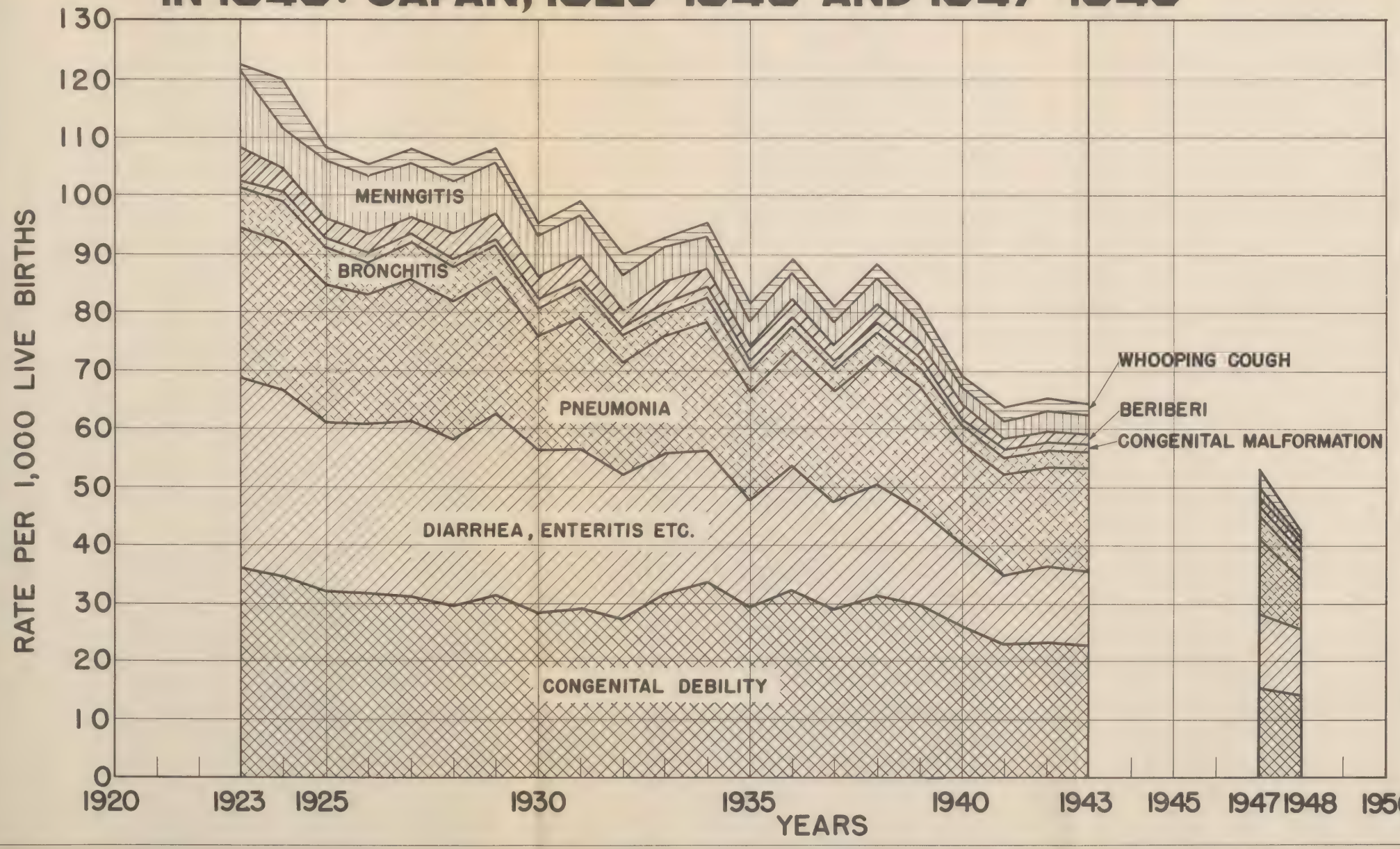
PH&W/H.S CHART NO. B-15 1-9-1948

DEATH RATES FOR TEN LEADING CAUSES OF DEATH IN 1948: JAPAN, 1923-1943 AND 1947-1948



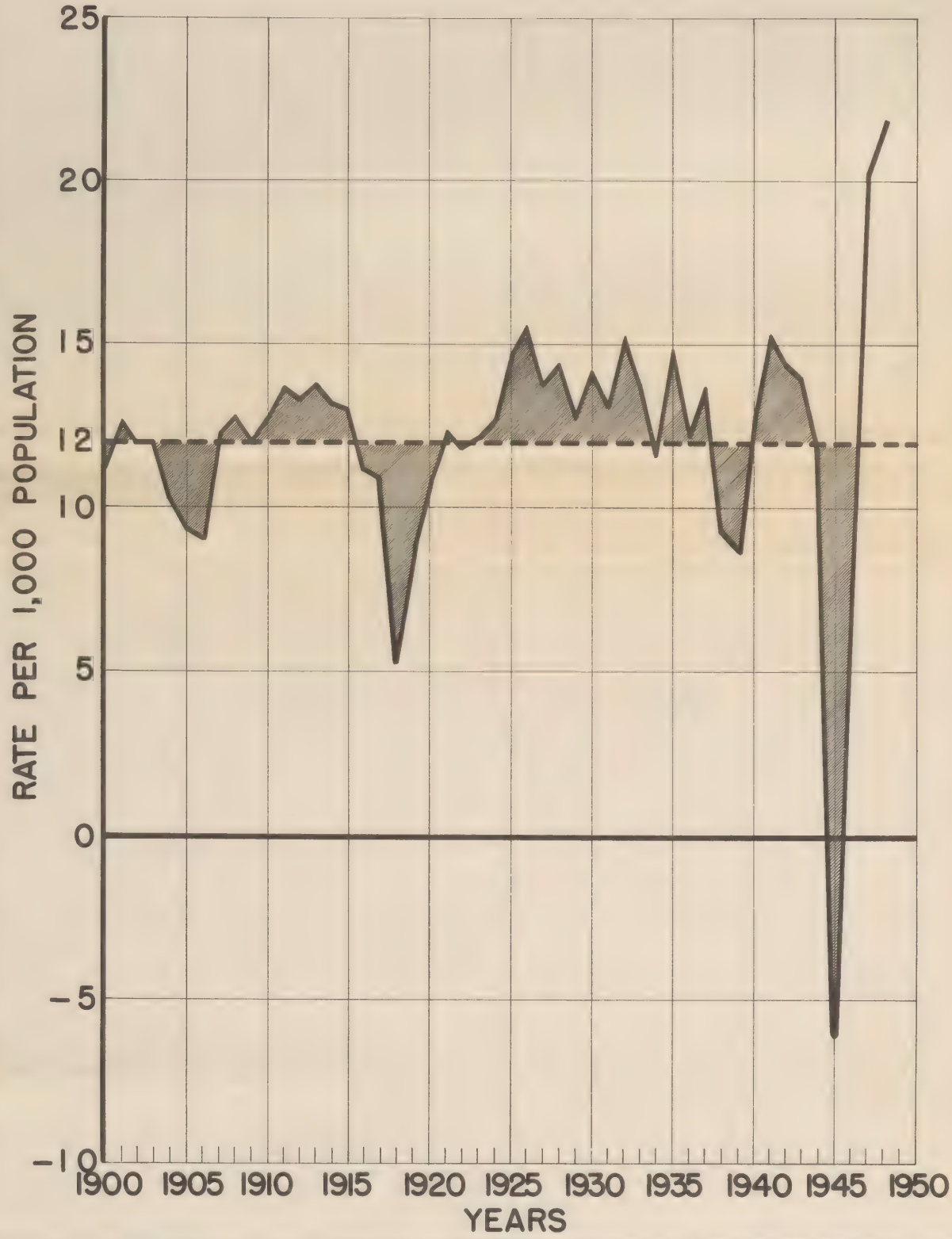
(A-5) PH&W/HS CHART NO. B-49 7-3-1949

DEATH RATES FOR EIGHT SELECTED CAUSES OF INFANT DEATHS IN 1948: JAPAN, 1923-1943 AND 1947-1948



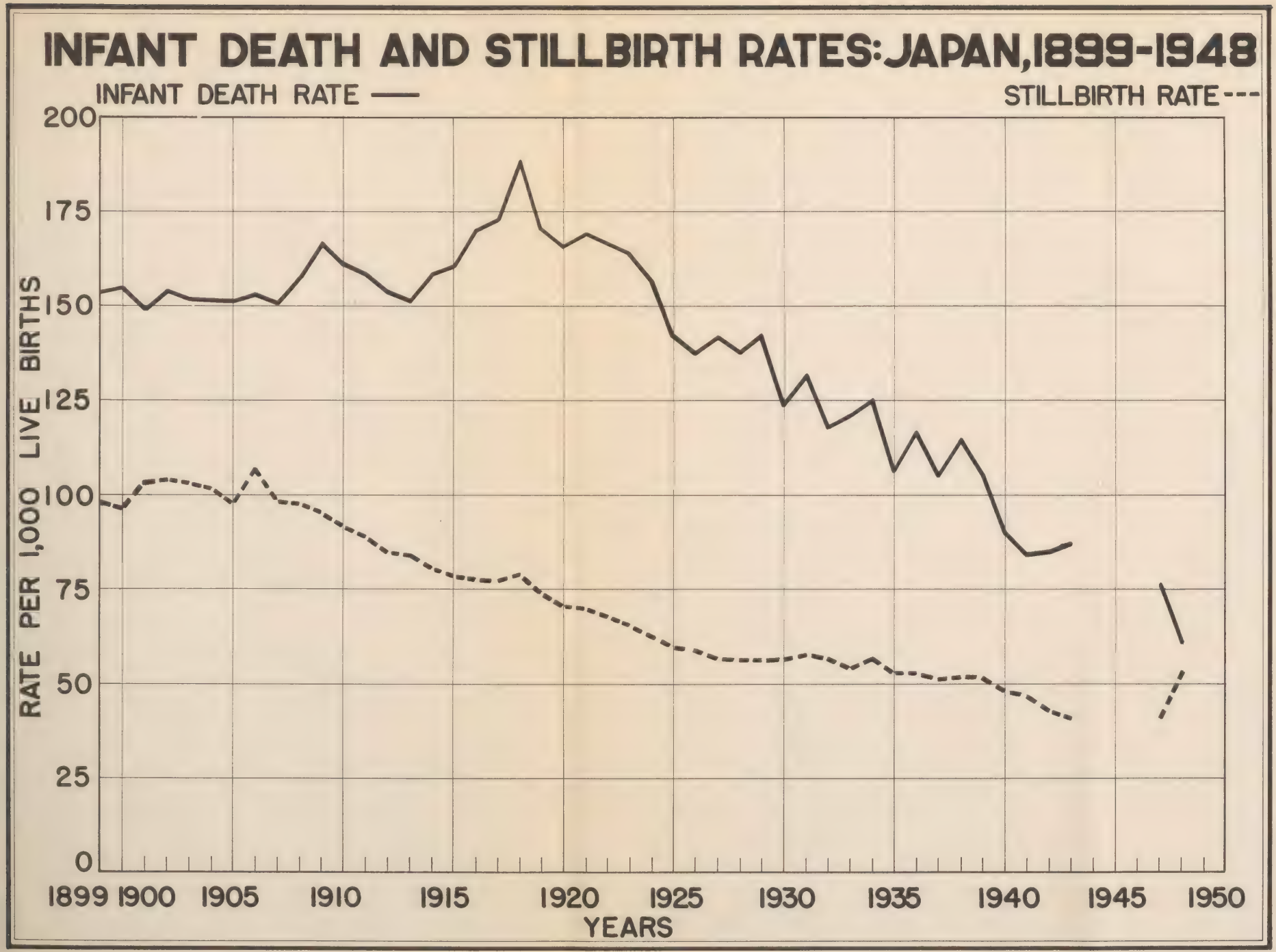
(A-6) PH&W/HS CHART NO. B-50 7-3-1949

RATE OF NATURAL INCREASE
JAPAN, 1900-1948



PH&W/HS CHART NO. B-21 8-9-1948

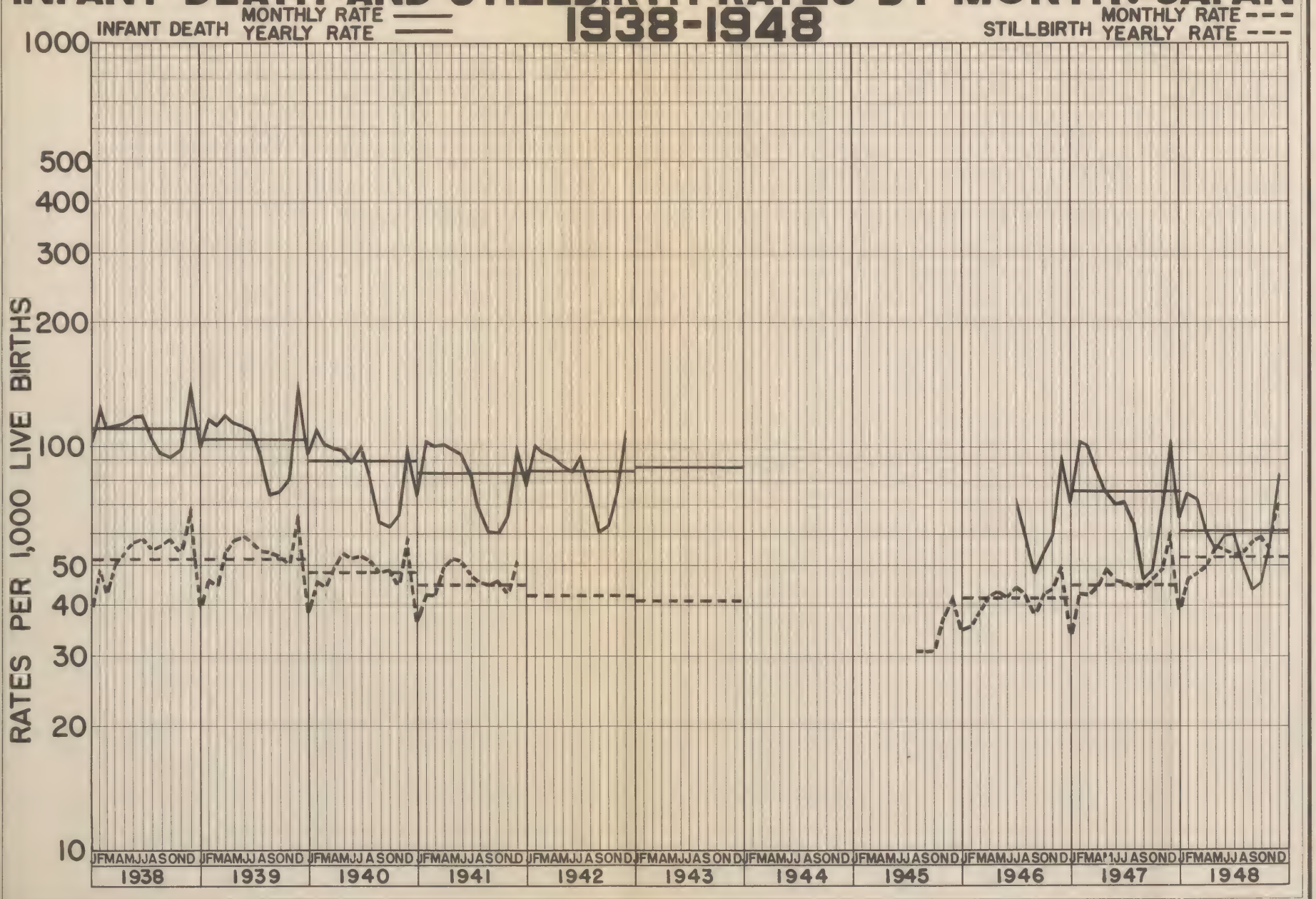
INFANT DEATH AND STILLBIRTH RATES: JAPAN, 1899-1948



(A-8) PH&W/HS CHART NO. B-11 29-8-1948

INFANT DEATH AND STILLBIRTH RATES BY MONTH: JAPAN

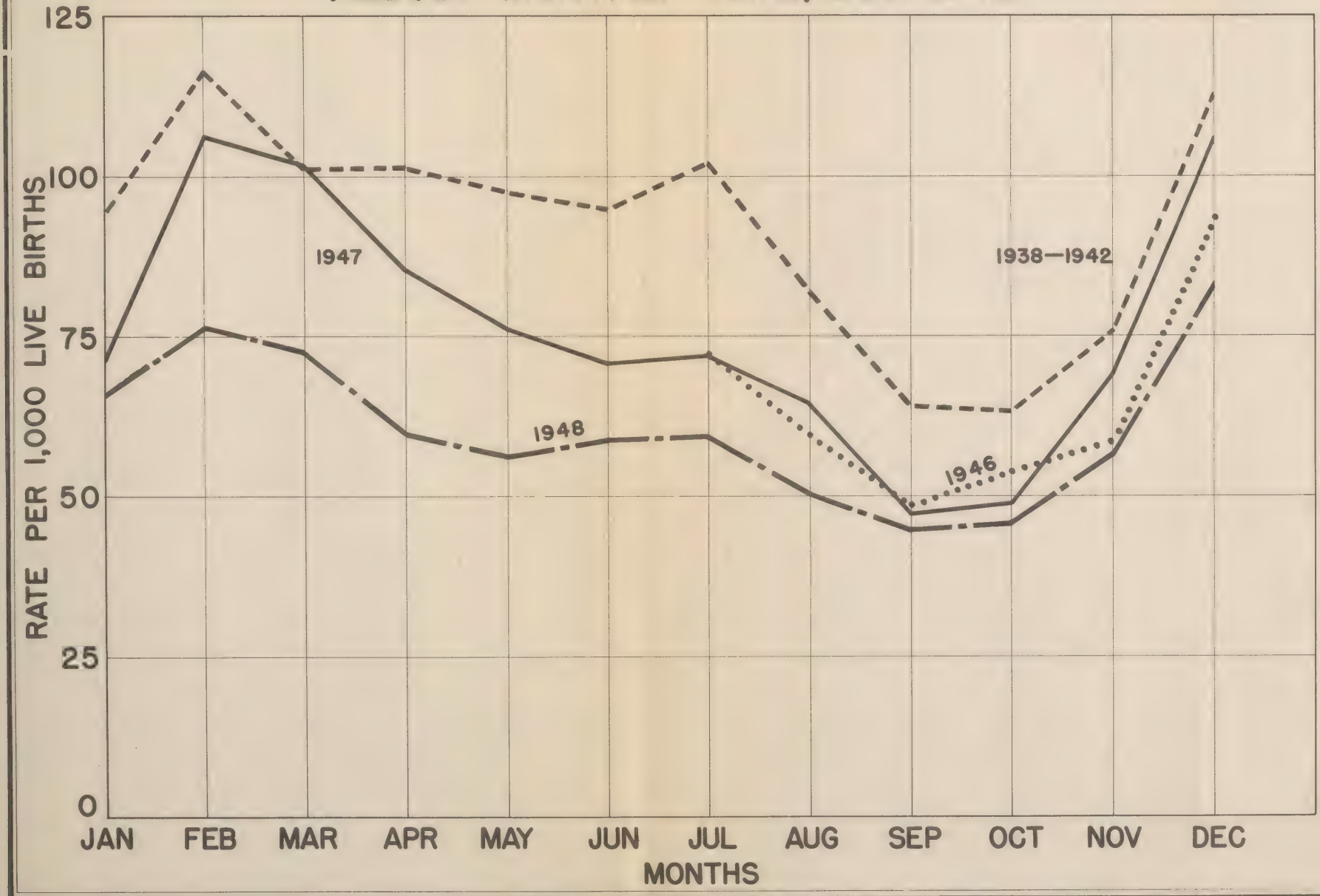
1938-1948



PH&W/HS CHART NO. B-54 29-3-1949

INFANT DEATH RATE BY MONTH: JAPAN, 1946-1948

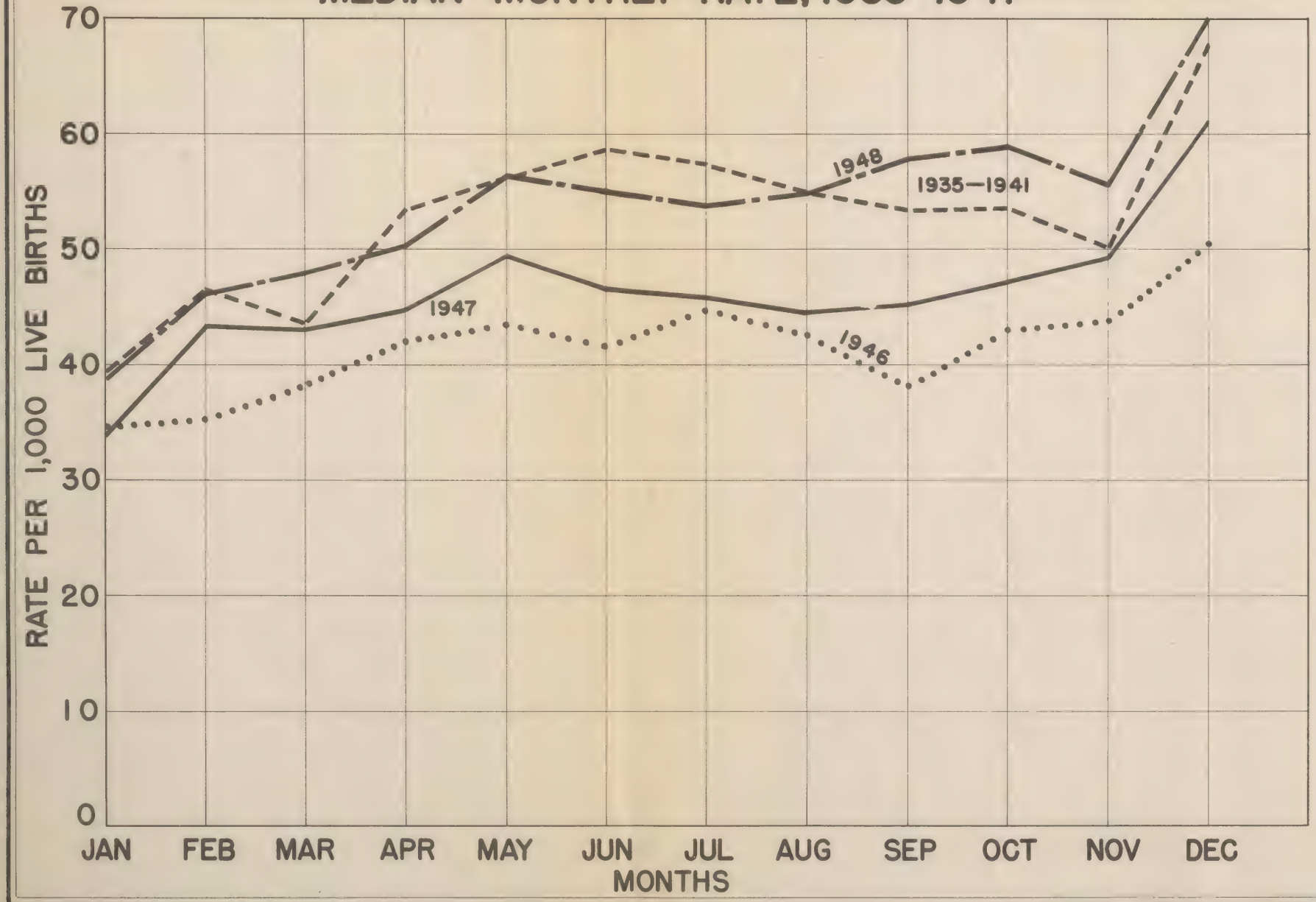
MEDIAN MONTHLY RATE, 1938–1942



(A-10) PH&W/HS CHART NO. B-14 31-8-1948

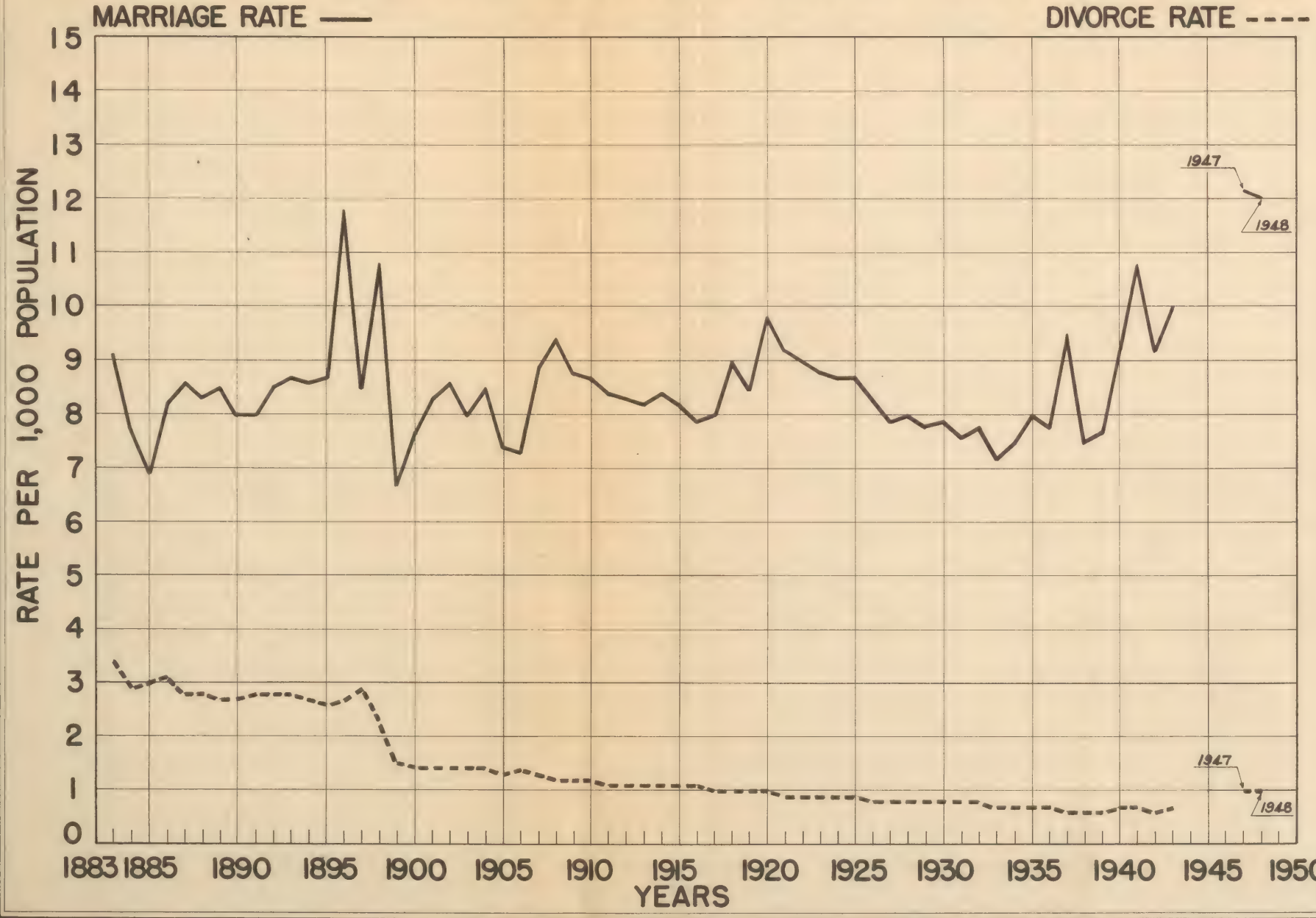
STILLBIRTH RATE BY MONTH: JAPAN, 1946-1948

MEDIAN MONTHLY RATE, 1935–1941



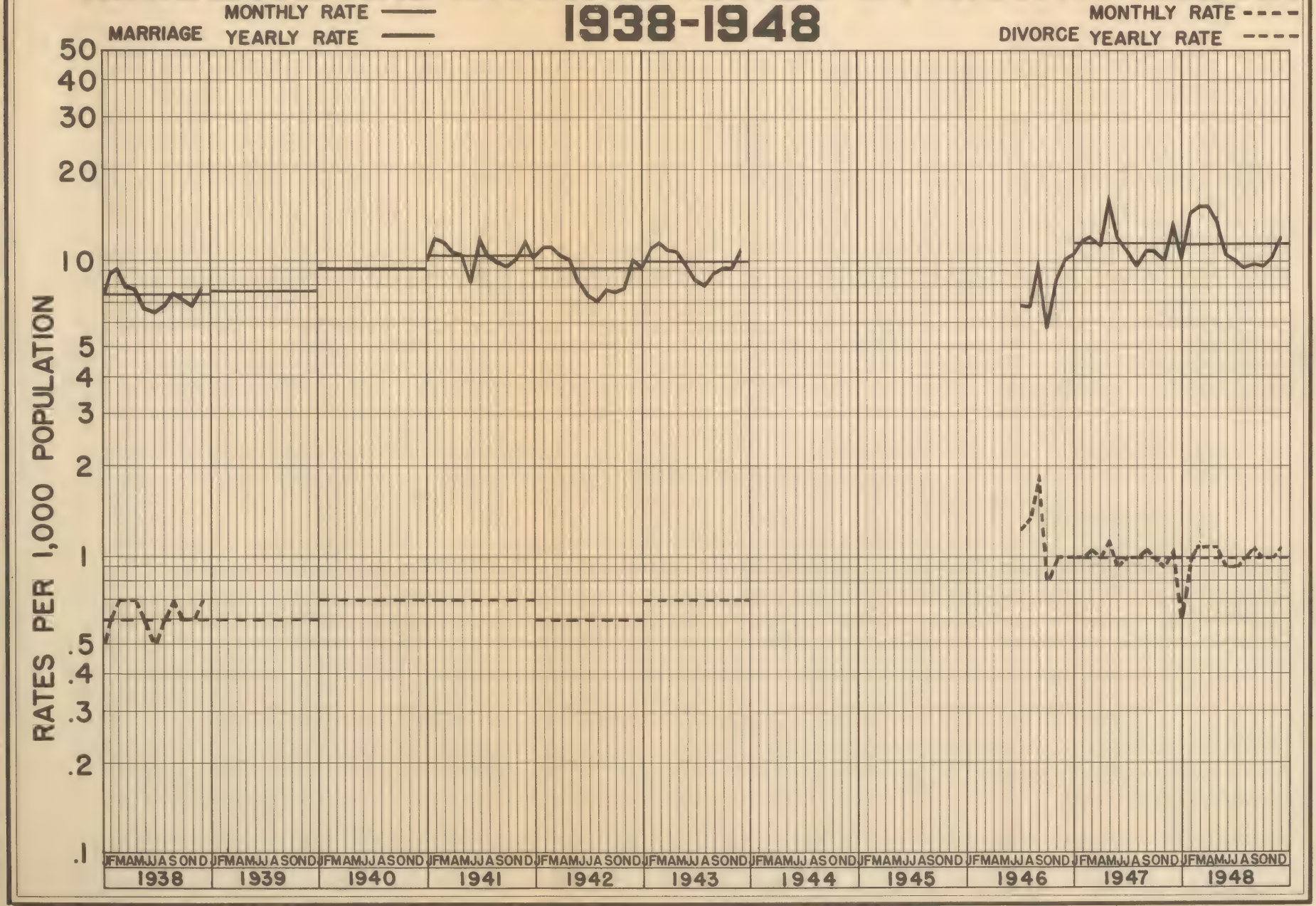
PH&W/HS CHART NO. B-16 1-9-1948

MARRIAGE AND DIVORCE RATES: JAPAN, 1883-1948



(A-12) PH&W/HS CHART NO. B-12 30-8-1948

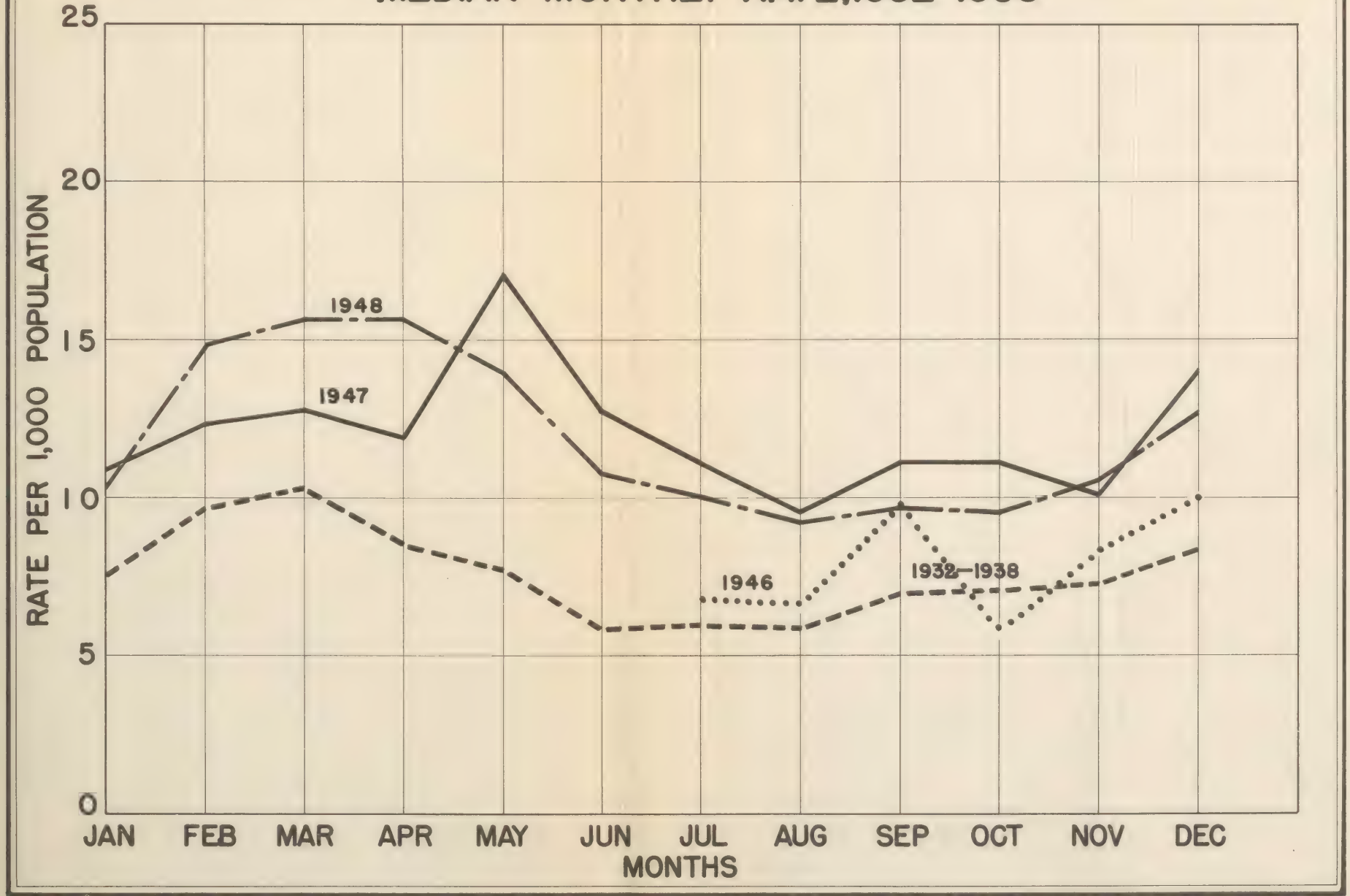
MARRIAGE AND DIVORCE RATES BY MONTH :JAPAN
1938-1948



PH&W/HS CHART NO. B-55 29-3-1949

MARRIAGE RATE BY MONTH: JAPAN, 1946-1948

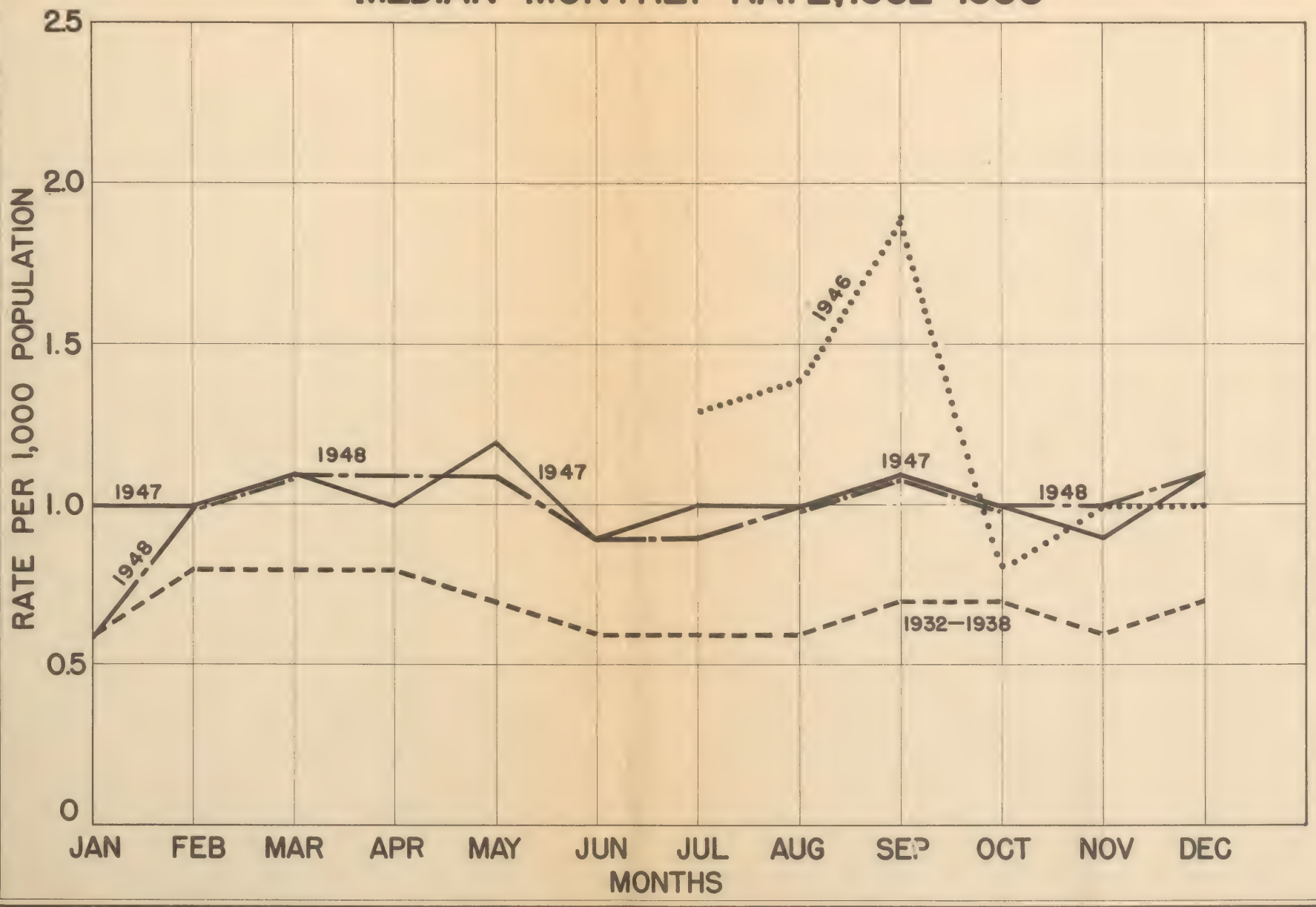
MEDIAN MONTHLY RATE, 1932-1938



(A-14) PHS/N/HS CHART NO. B-17 2-9-1948

DIVORCE RATE BY MONTH: JAPAN, 1946-1948

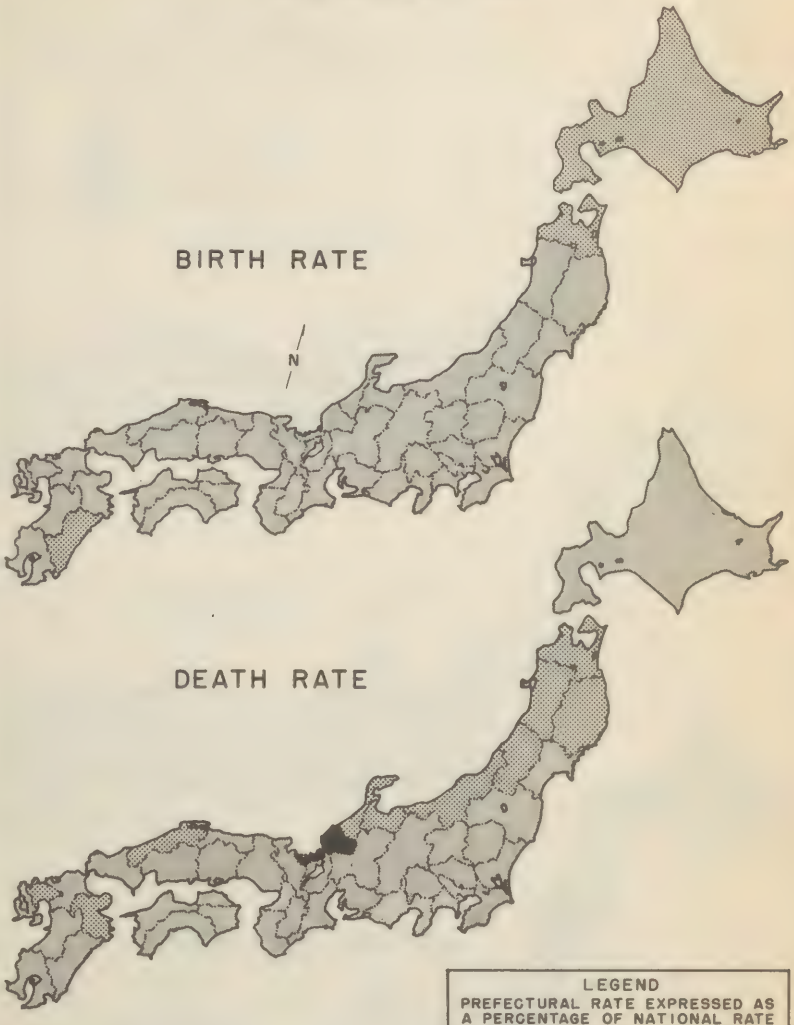
MEDIAN MONTHLY RATE, 1932-1938



(A-15) PH&W/HS CHART NO. B-18 2-9-1948

PREFECTURAL VITAL STATISTICS

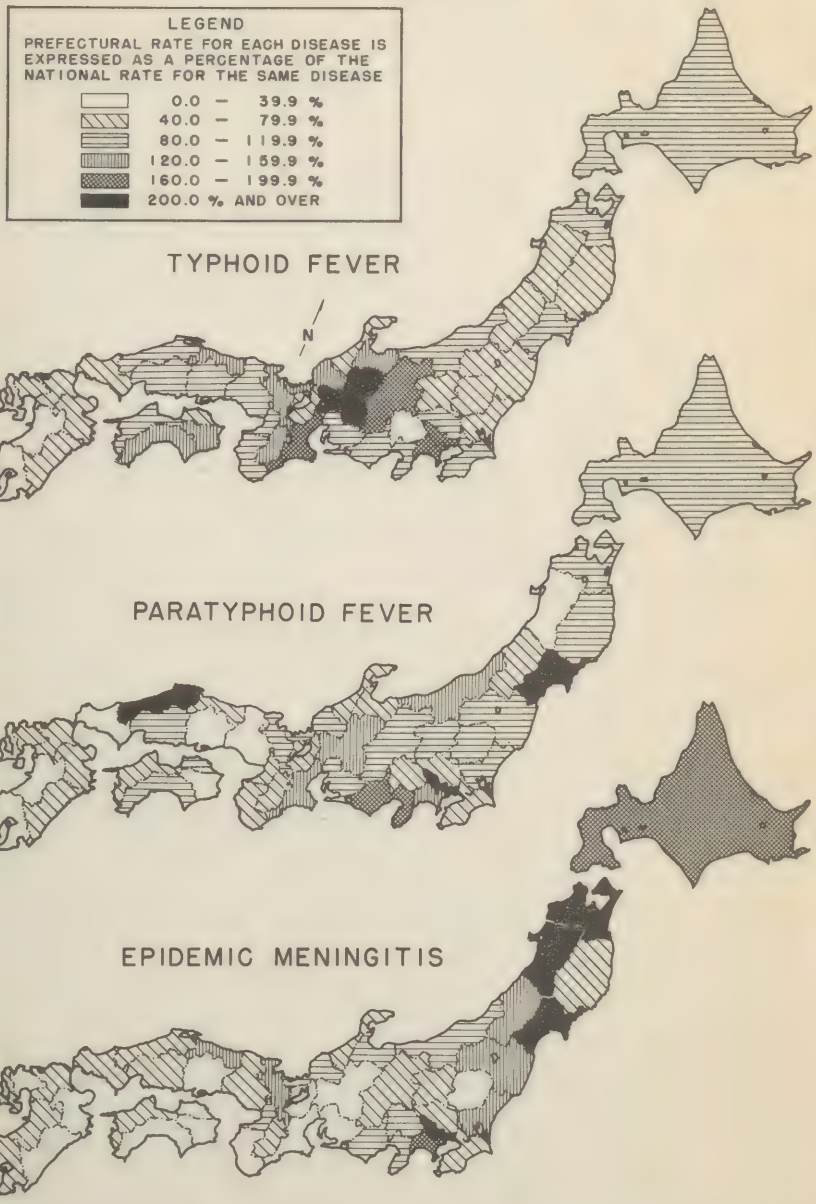
1948 CALENDAR YEAR



(A-16)

PREFECTURAL MORBIDITY STATISTICS

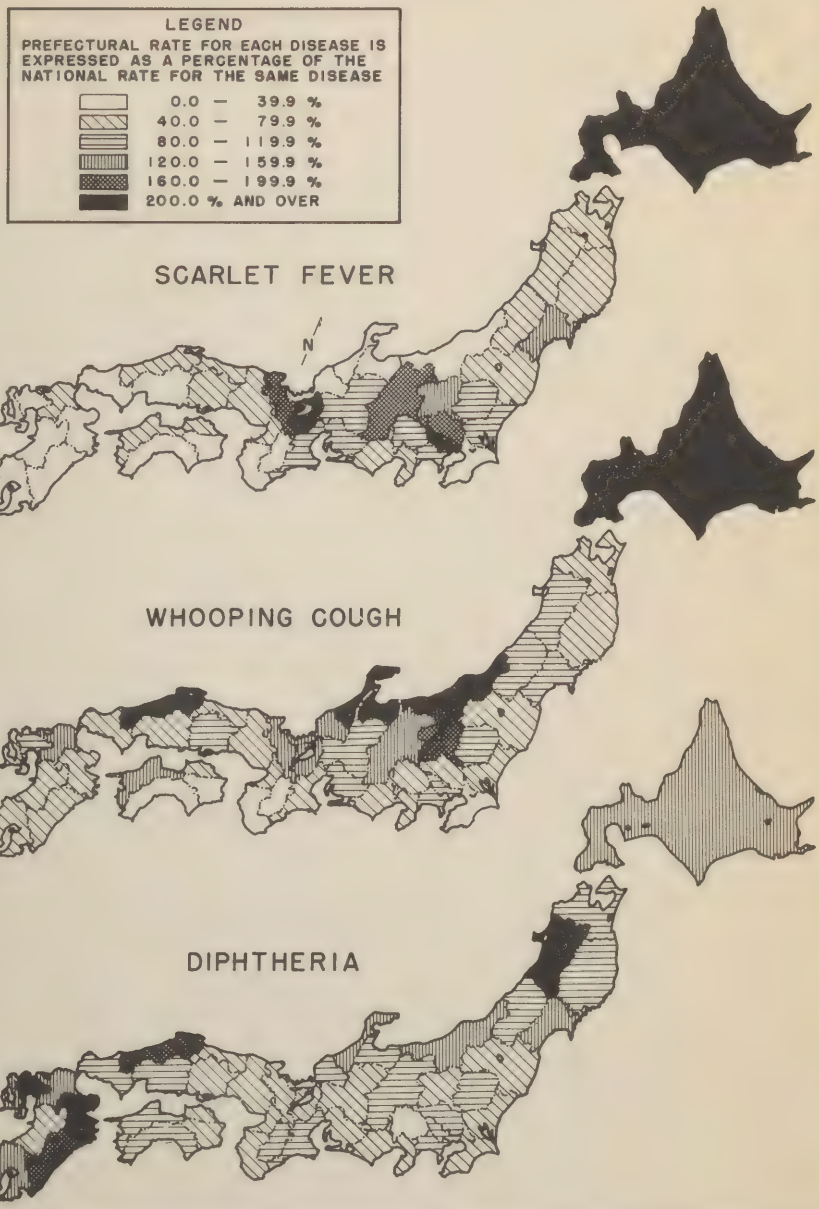
1948 CALENDAR YEAR



(A-17)

PREFECTURAL MORBIDITY STATISTICS

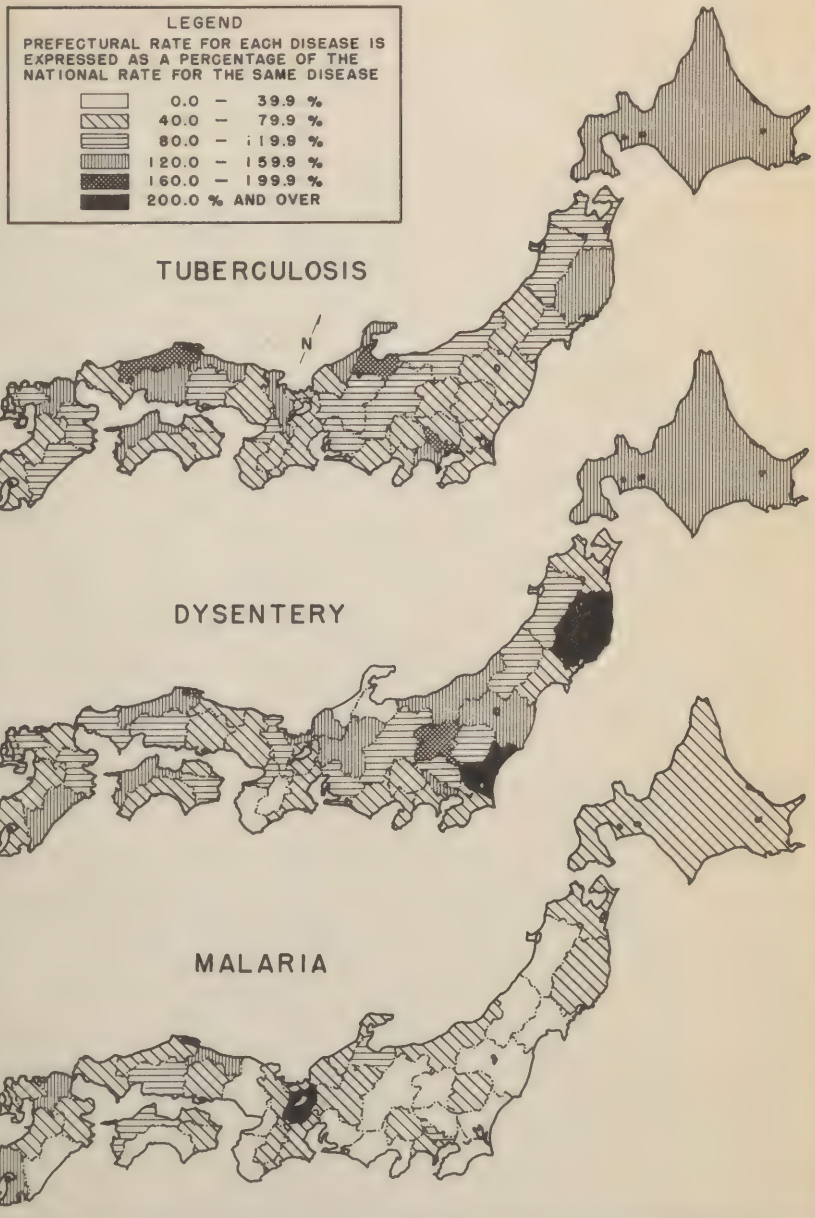
1948 CALENDAR YEAR



(A—18)

PREFECTURAL MORBIDITY STATISTICS

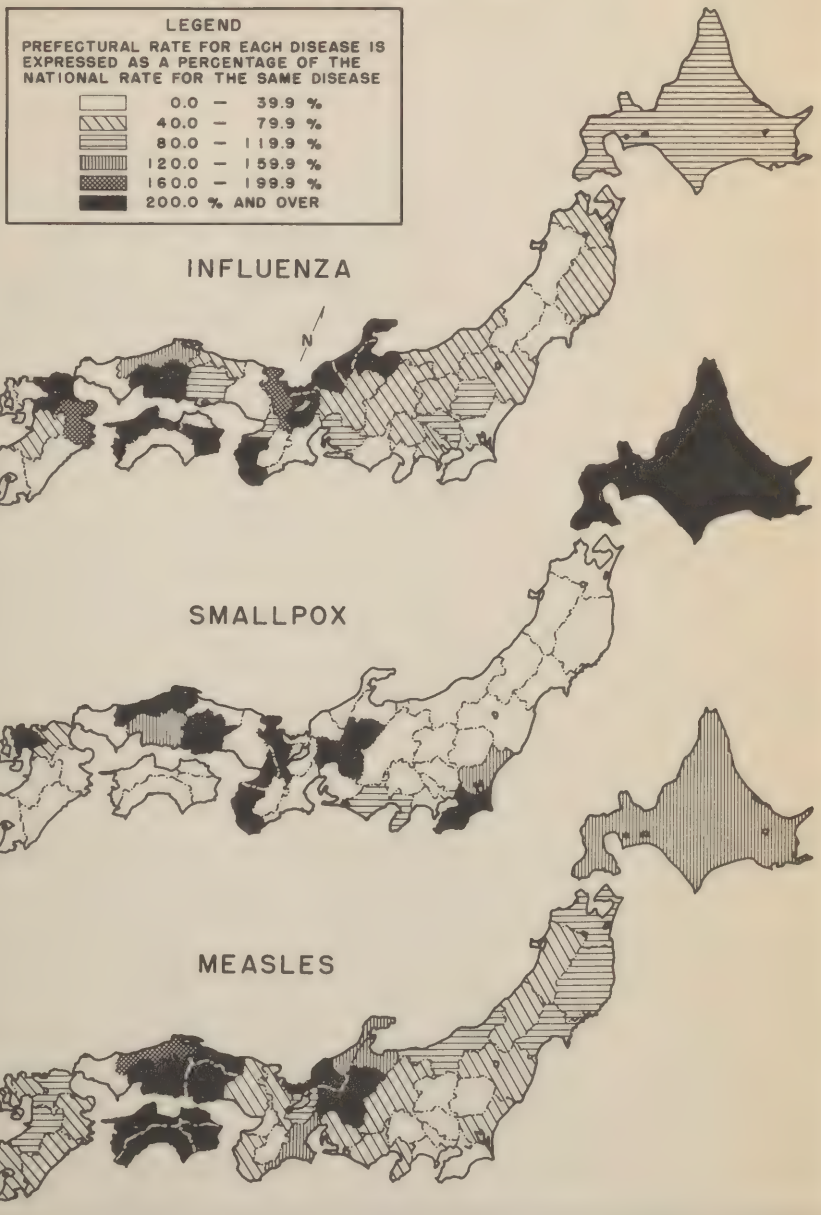
1948 CALENDAR YEAR



(A-19)

PREFECTURAL MORBIDITY STATISTICS

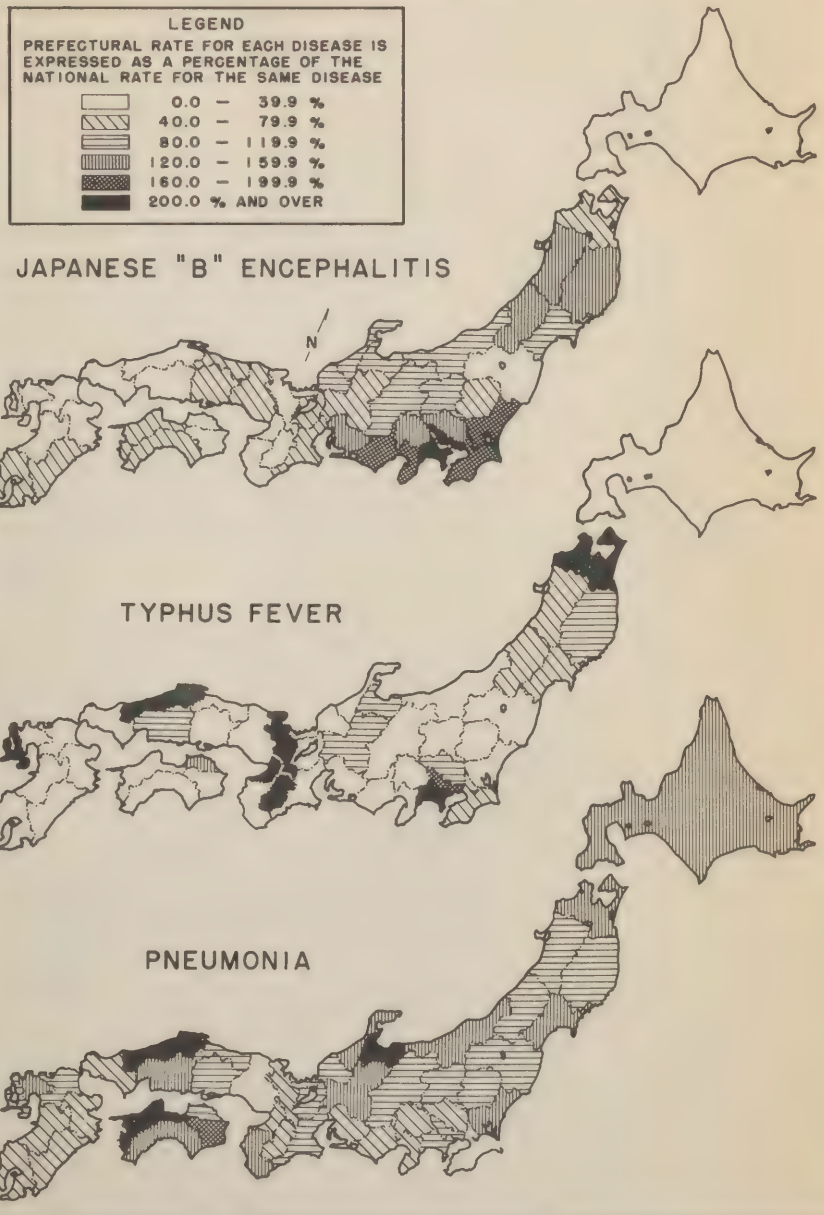
1948 CALENDAR YEAR



(A-20)

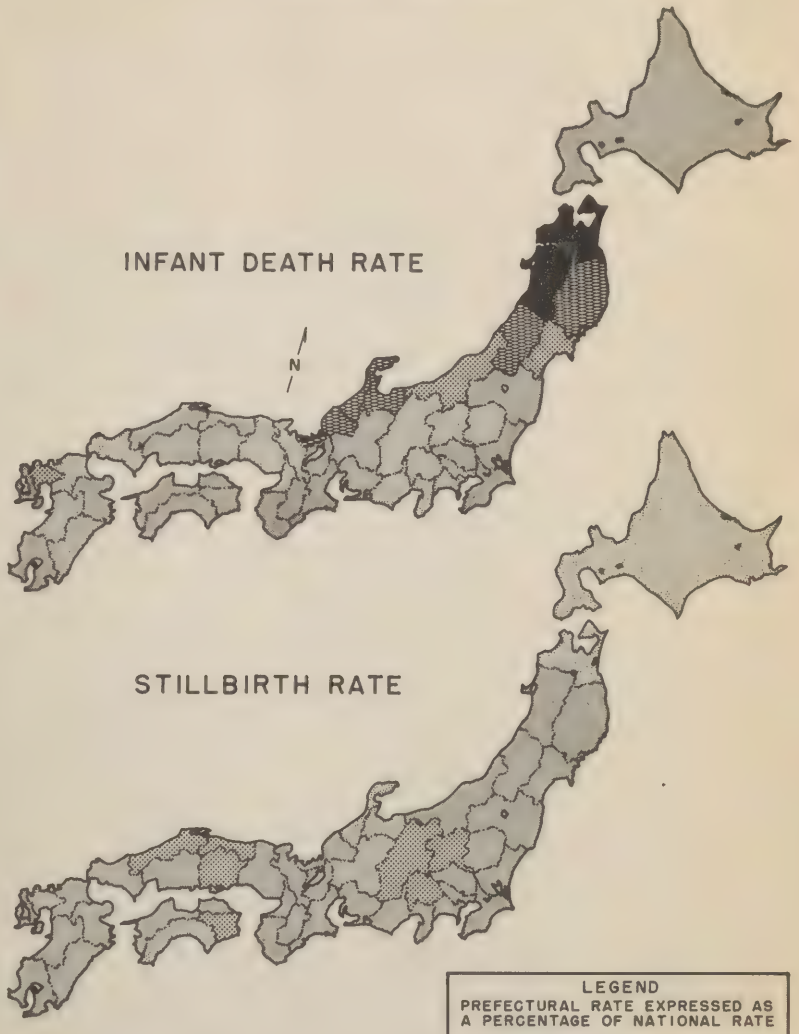
PREFECTURAL MORBIDITY STATISTICS

1948 CALENDAR YEAR



PREFECTURAL VITAL STATISTICS

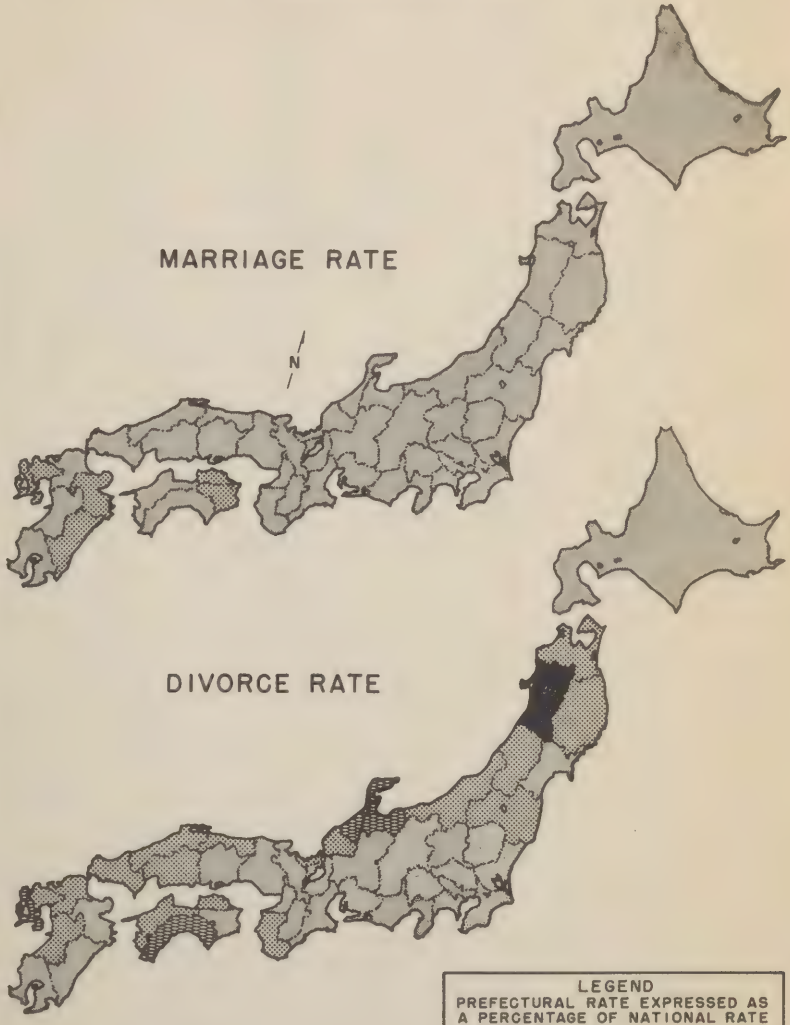
1948 CALENDAR YEAR



(A—22)

PREFECTURAL VITAL STATISTICS

1948 CALENDAR YEAR



(A–23)

VITAL STATISTICS SCHEDULE OF BIRTH

CODE NUMBER OF LOCAL OFFICE	
CODE NUMBER OF HEALTH CENTER	

RECEIVED BY LOCAL OFFICE ON:
SHOWA YEAR MONTH DAY

RECEIVED BY HEALT CENTER ON:
SHOWA YEAR MONTH DAY

B PREFECTURE COUNTY CITY WARD TOWN VILLAGE B

(1) SEX AND LEGITIMACY OF CHILD	1. MALE 2. FEMALE	FULL NAME		1. LEGITIMATE CHILD 2. ILLEGITIMATE CHILD
(2) DATE OF BIRTH	SHOWA YEAR MONTH DAY	A. M. P. M.	O'CLOCK	MINUTES
(3) PLACE OF BIRTH	CITY, WARD, TOWN, VILLAGE	ITS NAME	LENGTH OF LAST CONTINUOUS STAY OF MOTHER IN SAID CITY, WARD, TOWN, VILLAGE UP TO BIRTH	YEARS MONTHS DAYS
	1. HOSPITAL 2. CLINIC 3. MIDWIFE HOME	4. HOME 5. OTHER		
(4) RESIDENCE OF MOTHER AT TIME OF BIRTH	CITY, WARD, TOWN, VILLAGE		LENGTH OF LAST CONTINUOUS STAY IN SAID CITY, WARD, TOWN, VILLAGE OF JUSHO UP TO BIRTH	YEARS MONTHS DAYS
(5) NUMBER OF CHILDREN BORN TO THIS MOTHER	NUMBER OF LIVING AT TIME OF BIRTH.....CHILDREN NUMBER BORN ALIVE AND DEAD BY THE TIME OF BIRTH...CHILDREN NUMBER BORN DEAD AFTER 5TH. MONTH PREGNANCY...FETUSES			TOTAL
(6) ATTENDANT AT BIRTH	1. PHYSICIAN 2. MIDWIFE 3. OTHER	FULL NAME		

(7) PLACE OF BIRTH OF PARENTS	(FATHER) PREFECTURE	(FATHER) FOREIGN COUNTRY, IF NOT JAPAN	(MOTHER) PREFECTURE	(MOTHER) FOREIGN COUNTRY, IF NOT JAPAN

(8) DATE OF BIRTH OF PARENTS	FATHER	YEAR MONTH DAY	MOTHER	YEAR MONTH DAY
(9) OCCUPATION OF PARENTS AT TIME OF BIRTH	FATHER		MOTHER	

(10) DATE OF MARRIAGE CERE-MONY OF PARENTS	YEAR	MONTH	DAY	
(11) HONSEKI OR NATIONALITY OF PARENTS JUST BEFORE MARRIAGE (AT TIME OF BIRTH OF THIS CHILD, IF MARRIAGE IS NOT DECLARED)	FATHER		MOTHER	
	PREFECTURE	FOREIGN COUNTRY, IF NOT JAPAN	PREFECTURE	FOREIGN COUNTRY, IF NOT JAPAN
(12) MONTH OF PREGNANCY AND FULL NAME OF MOTHER	MONTHS	FULL NAME OF MOTHER		

(13) PLURAL BIRTH	1. TWINS 2. TRIPLETS	THIS CHILD 1. IST. CHILD 2. 2 ND. CHILD 3. 3 RD. CHILD		
		OTHER CHILDREN	LIVE BIRTH	.....CHILDREN INCLUDING....MALES AND.....FEMALES
			STILLBIRTH	.....FETUSES INCLUDING.....MALES AND.....FEMALES.....UNKNOWN

(14) HEALTH CONDITION OF MOTHER AND CHILD AT TIME OF BIRTH	CHILD		WEIGHT OF CHILD	GRAM MOMME
	MOTHER		WHETHER MOTHER RECEIVED BLOOD TEST DURING PREGNANCY	1. TESTED 2. NOT TESTED

(15) RESIDENCE AND FULL NAME OF DECLARANT	PREFECTURE	COUNTY CITY	TOWN WARD VILLAGE	HOUSE NO.	FULL NAME	

B REMARKS B

(A-24)

VITAL STATISTICS SCHEDULE OF DEATH

CODE NUMBER OF LOCAL OFFICE	
CODE NUMBER OF HEALTH CENTER	

RECEIVED BY LOCAL OFFICE ON:
SHOWA YEAR MONTH DAY

RECEIVED BY HEALTH CENTER ON:
SHOWA YEAR MONTH DAY

D	PREFECTURE	COUNTY / CITY	WARD / TOWN / VILLAGE		D
(1) HONSEKI OR NATIONALITY	PREFECTURE	FOREIGN COUNTRY, IF NOT JAPAN			
(2) SEX AND FULL NAME	1. MALE 2. FEMALE	FULL NAME			
(3) DATE OF DEATH	SHOWA YEAR MONTH DAY	A.M. / P.M.	O'CLOCK MINUTES		
(4) PLACE OF DEATH	CITY, WARD TOWN, VILLAGE	LENGTH OF LAST CONTINUOUS STAY IN SAID CITY, WARD, TOWN, VILLAGE UP TO DEATH	YEARS MONTHS DAYS		
	1. HOSPITAL 2. CLINIC 3. MIDWIFE HOME (ITS NAME) 4. HOME 5. OTHER				
(5) RESIDENCE AT TIME OF DEATH	CITY, WARD, TOWN, VILLAGE	LENGTH OF LAST CONTINUOUS STAY IN SAID CITY, WARD, TOWN, VILLAGE OF JUSHO UP TO DEATH	YEARS MONTHS DAYS		
(6) RESIDENCE AT TIME OF ONSET OF ILLNESS	CITY, WARD TOWN, VILLAGE				
(7) DATE OF BIRTH	YEAR MONTH DAY	SURVIVING HOURS, IF DEAD WITHIN 24 HOURS AFTER BIRTH	HOURS MINUTES		
(8) PLACE OF BIRTH (9) LEGITIMACY OF CHILDREN UNDER 6 YEARS OLD	PREFECTURE (FOREIGN COUNTRY, IF NOT JAPAN) 1. LEGITIMATE ILLEGITIMATE (2. RECOGNIZED BY FATHER 3. NOT RECOGNIZED BY FATHER)				
(10) MARITAL STATUS	1. SINGLE 2. MARRIED 3. WIDOWED 4. DIVORCED				
(11) DATE OF BIRTH OF SURVIVING SPOUSE	YEAR	MONTH	DAY		
(12) OCCUPATION OF DECEDENT (13) OCCUPATION OF PRINCIPAL WAGE EARNER OF THE FAMILY	OCCUPATION AT TIME OF DEATH		OCCUPATION AT TIME OF ONSET OF ILLNESS		OCCUPATION OF PRINCIPAL WAGE EARNER OF FAMILY
(14) TYPE OF DEATH	1. NATURAL DEATH FROM EXTERNAL CAUSES 2. ACCIDENTAL DEATH BY POISONING 3. ACCIDENTAL DEATH 4. SUICIDE 5. HOMICIDE 6. OTHER				
(15) CAUSES OF DEATH	A. IMMEDIATE CAUSE		LENGTH OF DURATION		
	B. DUE TO		,,		
	C. DUE TO		,,		
	D. COMPLICATION AND OTHER PHYSICAL CONDITION (INCLUDING PREGNANCY WITHIN 3 MONTHS BEFORE DEATH)		,,		
	PRINCIPAL FINDING OF OPERATION		DATE OF OPERATION	SHOWA YEAR MONTH DAY	
	PRINCIPAL FINDING OF AUTOPSY				
ADDITIONAL INFORMATION (16) ABOUT DEATH FROM EXTERNAL CAUSES	DATE OF OCCURENCE OF INJURY	SHOWA YEAR MONTH DAY	A.M. / P.M.	O'CLOCK MINUTES	
	PLACE OF OCCURENCE OF INJURY	CITY WARD TOWN VILLAGE			
		1. DWELLING 2. FARM WORKING PLACE (3. FACTORY 4. MINE 5. OFFICE 6. OTHER) PUBLIC PLACE (7. ON WATER 8. OTHER)			
	MEANS OR KIND OF DEATH FROM EXTERNAL CAUSE		1. WHILE AT WORK 2. WHILE NOT AT WORK		
(17) RESIDENCE AND FULL NAME OF DECLARANT	PREFECTURE	COUNTY / CITY	WARD / TOWN / VILLAGE	HOUSE NO.	FULL NAME
(18) RESIDENCE AND FULL NAME OF PHYSICIAN	PREFECTURE	COUNTY / CITY	WARD / TOWN / VILLAGE	HOUSE NO.	FULL NAME
D REMARKS					D

(A-25)

VITAL STATISTICS SCHEDULE OF STILLBIRTH

CODE NUMBER OF LOCAL OFFICE	
CODE NUMBER OF HEALTH CENTER	

RECEIVED BY LOCAL OFFICE ON:
SHOWA YEAR MONTH DAY

RECEIVED BY HEALTH CENTER ON:
SHOWA YEAR MONTH DAY

	PREFECTURE	COUNTY / CITY	WARD / TOWN / VILLAGE	
(1) SEX	1. MALE	2. FEMALE	3. UNKNOWN	
(2) DATE OF STILLBIRTH	SHOWA YEAR MONTH DAY	A. M. / P. M. O'CLOCK MINUTES		
(3) MONTHS OF PREGNANCY	MONTHS			
(4) PLURAL BIRTH	1. TWIN / 2. TRIPLET	THIS CHILD	1. 1 ST. CHILD 2. 2 ND. CHILD 3. 3 RD. CHILD	
		OTHER CHILDREN	LIVE BIRTH ····CHILDREN INCLUDING···MALES AND·····FEMALES	
			STILLBIRTH ····FETUS INCLUDING·····MALES····· FEMALES AND·····UNKNOWN	
(5) MODE OF DELIVERY	1. NATURAL INDUCED SUSPENSION OF PREGNANCY { 2. MECHANICAL 3. CHEMICAL 4. USE OF BOTH 5. OTHER			
(6) CAUSES OF STILLBIRTH	CAUSES ON SIDE OF FETUS		WHETHER MOTHER RECEIVED BLOOD TEST DURING PREGNANCY	1. TESTED 2. NOT TESTED
	CAUSES ON SIDE OF MOTHER			
	OTHER OR UNKNOWN			
(7) DATE OF BIRTH OF PARENTS	FATHER YEAR MONTH DAY		MOTHER YEAR MONTH DAY	
(8) PLACE OF BIRTH OF PARENTS	FATHER PREFECTURE		MOTHER PREFECTURE	
	(FOREIGN COUNTRY, IF NOT JAPAN)		(FOREIGN COUNTRY, IF NOT JAPAN)	
(9) HONSEKI OR NATIONALITY OF PARENTS JUST BEFORE MARRIAGE (AT TIME OF STILLBIRTH, IF MARRIAGE IS NOT DECLARED)	FATHER PREFECTURE		MOTHER PREFECTURE	
	(FOREIGN COUNTRY, IF NOT JAPAN)		(FOREIGN COUNTRY, IF NOT JAPAN)	
(10) OCCUPATION OF PARENTS	FATHER		MOTHER INDUSTRY	
(11) PLACE OF STILLBIRTH	CITY, WARD, TOWN, VILLAGE		LENGTH OF LAST CONTINUOUS STAY OF MOTHER IN SAID CITY, WARD, TOWN, VILLAGE UP TO STILLBIRTH	YEARS MONTHS DAYS
	1. HOSPITAL 2. CLINIC 3. MIDWIFE HOME } ITS NAME 4. HOME 5. OTHER			
(12) RESIDENCE OF MOTHER	CITY, WARD, TOWN, VILLAGE		LENGTH OF LAST CONTINUOUS STAY OF MOTHER IN SAID CITY, WARD, TOWN, VILLAGE OF JUSHO UP TO STILLBIRTH	YEARS MONTHS DAYS
(13) LEGITIMACY OF STILLBORN FETUS	1. LEGITIMACY	2. ILLEGITIMACY		
(14) NUMBER OF CHILDREN BORN TO THIS MOTHER	NUMBER OF LIVING AT TIME OF THIS DELIVERY....PERSONS NUMBER BORN ALIVE AND DEAD BY TIME OF DELIVERY.....PERSONS NUMBER BORN DEAD AFTER 5 TH. MONTH OF PREGNANCY (INCLUDING THIS STILL-BORN FETUS)..... PERSONS } TOTAL NUMBER BORN DEAD IN 5 TH. AND 4 TH. MONTH OF PREGNANCY (INCLUDING THIS STILLBORN FETUS)..... FETUS NUMBER MISCARRIED BEFORE 4 TH. MONTH OF PREGNANCY..... FETUS } TOTAL } GRAND TOTAL			
(15) ATTENDANT AT STILLBIRTH	1. PHYSICIAN 2. MIDWIFE 3. OTHER		FULL NAME	
(16) TYPE OF ANNEXED PAPER	1. MEDICAL CERTIFICATE OF STILLBIRTH 2. ATTENDANT CERTIFICATE OF STILLBIRTH 3. DEAD FETUS EXAMINATION REPORT			
(17) RESIDENCE AND FULL NAME OF DECLARANT	PREFECTURE COUNTY / CITY WARD / TOWN / VILLAGE HOUSE NO.		FULL NAME	
REMARKS				

VITAL STATISTICS SCHEDULE OF MARRIAGE

CODE NUMBER OF LOCAL OFFICE	
CODE NUMBER OF HEALTH CENTER	

RECEIVED BY LOCAL OFFICE ON:
SHOWA YEAR MONTH DAY

RECEIVED BY HEALTH CENTER ON:
SHOWA YEAR MONTH DAY

M

PREFECTURE		COUNTY CITY		WARD TOWN VILLAGE	
(1) HONSEKI OR NATIONALITY	HUSBAND	PREFECTURE (FOREIGN COUNTRY, IF NOT JAPAN)		WIFE	PREFECTURE (FOREIGN COUNTRY, IF NOT JAPAN)
(2) FULL NAME	HUSBAND			WIFE	
(3) DATE OF BIRTH	HUSBAND	YEAR MONTH DAY		WIFE	YEAR MONTH DAY
(4) TYPE OF MARRIAGE	1. SURNAME OF HUSBAND 2. SURNAME OF WIFE				
(5) PLACE AND DATE OF MARRIAGE CEREMONY	PLACE	CITY, WARD TOWN, VILLAGE	DATE	YEAR MONTH DAY	
(6) RESIDENCE AT TIME OF MARRIAGE CEREMONY	HUSBAND	CITY, WARD TOWN, VILLAGE	LENGTH OF LAST CONTINUOUS STAY IN SAID CITY, WARD, TOWN, VILLAGE OF JUSHO	YEARS MONTHS DAYS	
	WIFE	CITY, WARD, TOWN, VILLAGE		YEARS MONTHS DAYS	
(7) MARITAL STATUS	HUSBAND	1. SINGLE 2. WIDOWED 3. DIVORCED 4. ANNULMENT OR CANCELLATION MARRIAGE			
		DATE OF LAST SEPARATION	YEAR MONTH DAY		
		NUMBER OF TIMES OF SEPARATION	WIDOWED.....TIMES DIVORCED.....TIMES	ANNULMENT OR CANCELLATION OF MARRIAGE.....TIMES	
	WIFE	1. SINGLE 2. WIDOWED 3. DIVORCED 4. ANNULMENT OR CANCELLATION MARRIAGE			
		DATE OF LAST SEPARATION	YEAR MONTH DAY		
		NUMBER OF TIMES OF SEPARATION	WIDOWED....TIMES DIVORCED....TIMES	ANNULMENT OR CANCELLATION OF MARRIAGE.....TIMES	
(8) OCCUPATION AT TIME OF MARRIAGE CEREMONY	HUSBAND		WIFE		
(9) PLACE OF BIRTH	HUSBAND	PREFECTURE (FOREIGN COUNTRY, IF NOT JAPAN)	WIFE	PREFECTURE (FOREIGN COUNTRY, IF NOT JAPAN)	
(10) EDUCATION	HUSBAND	1. UNEDUCATED 2. NOT GRADUATED FROM PRIMARY SCHOOL 3. GRADUATED FROM PRIMARY SCHOOL 4. GRADUATED FROM SECONDARY SCHOOL 5. GRADUATED FROM HIGH SCHOOL OR COLLEGE 6. GRADUATED FROM UNIVERSITY			
	WIFE	1. UNEDUCATED 2. NOT GRADUATED FROM PRIMARY SCHOOL 3. GRADUATED FROM PRIMARY SCHOOL 4. GRADUATED FROM SECONDARY SCHOOL 5. GRADUATED FROM HIGH SCHOOL OR COLLEGE 6. GRADUATED FROM UNIVERSITY			
(11) PLACE OF BIRTH OF PARENTS	FATHER OF HUSBAND	PREFECTURE (FOREIGN COUNTRY, IF NOT JAPAN)	MOTHER OF HUSBAND	PREFECTURE (FOREIGN COUNTRY, IF NOT JAPAN)	
	FATHER OF WIFE	PREFECTURE (FOREIGN COUNTRY, IF NOT JAPAN)	MOTHER OF WIFE	PREFECTURE (FOREIGN COUNTRY, IF NOT JAPAN)	
REMARKS					

M

M

VITAL STATISTICS SCHEDULE OF DIVORCE

CODE NUMBER OF LOCAL OFFICE	
CODE NUMBER OF HEALTH CENTER	

RECEIVED BY LOCAL OFFICE ON:
SHOWA YEAR MONTH DAY

RECEIVED BY HEALTH CENTE ON:
SHOWA YEAR MONTH DAY

DV

PREFECTURE		COUNTY CITY		WARD TOWN VILLAGE	
(1) FULL NAME	HUSBAND		WIFE		
(2) DATE OF BIRTH	HUSBAND	YEAR MONTH DAY	WIFE	YEAR MONTH DAY	
(3) TYPE OF DIVORCE	1. DIVORCE BY MUTUAL CONSENT 2. BY MEDIATION 3. BY ORDER OF COURT OF DOMESTIC RELATION 4. BY ORDER OF ORDINARY COURT				
(4) RESIDENCE AT TIME OF DIVORCE	HUSBAND	CITY, WARD TOWN, VILLAGE	LENGTH OF LAST CONTINUOUS STAY IN SAID CITY, WARD, TOWN, VILLAGE OF JUSHO		YEARS MONTHS DAYS
	WIFE	CITY, WARD TOWN, VILLAGE			YEARS MONTHS DAYS
(5) OCCUPATION	HUSBAND		WIFE		
(6) EDUCATION	HUSBAND	1. UNEDUCATED 2. NOT GRADUATED FROM PRIMARY SCHOOL 3. GRADUATED FROM PRIMARY SCHOOL 4. GRADUATED FROM SECONDARY SCHOOL 5. GRADUATED FROM HIGH SCHOOL OR COLLEGE 6. GRADUATED FROM UNIVERSITY			
	WIFE	1. UNEDUCATED 2. NOT GRADUATED FROM PRIMARY SCHOOL 3. GRADUATED FROM PRIMARY SCHOOL 4. GRADUATED FROM SECONDARY SCHOOL 5. GRADUATED FROM HIGH SCHOOL OR COLLEGE 6. GRADUATED FROM UNIVERSITY			
(7) PLACE OF BIRTH	HUSBAND	PREFECTURE	WIFE	PREFECTURE	
	(FOREIGN COUNTRY, IF NOT JAPAN)		(FOREIGN COUNTRY, IF NOT JAPAN)		
(8) PLACE AND DATE OF WEDDING CEREMONY	PLACE	CITY, WARD, TOWN, VILLAGE	DATE	YEAR MONTH DAY	
(9) DATE OF MARRIAGE DECLARATION	YEAR MONTH DAY				
(10) HONSEKI OR NATIONALITY AT TIME OF MARRIAGE DECLARATION	HUSBAND	PREFECTURE	WIFE	PREFECTURE	
	(FOREIGN COUNTRY, IF NOT JAPAN)		(FOREIGN COUNTRY, IF NOT JAPAN)		
(11) DATE OF STOPPING LIVING TOGETHER AND NUMBER OF TIMES DIVORCED (INCLUDING THIS DIVORCE)	DATE	YEAR MONTH DAY	HUSBAND	TIMES	
			WIFE	TIMES	
(12) NUMBER OF CHILDREN BORN TO THE COUPLE	TOTAL .....CHILDREN INCLUDING.....CHILDREN UNDER 18 YEARS OLD LIVING AT TIME OF DIVORCE				
(13) DATE OF FILING COURT PETITION OF DIVORCE AND PLAINTIFF	DATE	YEAR MONTH DAY	1. HUSBAND 2. WIFE		
(14) DATE OF DIVORCE	DATE OF ACCEPTANCE OF DECLARATION OF DIVORCE BY MUTUAL CONSENT	YEAR MONTH DAY	DATE OF MEDIATION OR GRANTING FINAL DECREE OF DIVORCE	YEAR MONTH DAY	
(15) PLACE OF DECLARATION OF DIVORCE BY MUTUAL CONSENT OR PLACE OF COURT WHERE MEDIATION TOOK PLACE OR JUDGMENT WAS MADE	PLACE OF DECLARATION DIVORCE BY MUTUAL CONSENT	CITY WARD TOWN VILLAGE	PLACE OF COURT	CITY WARD TOWN VILLAGE	
(16) ALLEGED CAUSES OF DIVORCE BY COURT (ITEMS, PAR. 1, ART. 770, CIVIL CODE)	1. ITEM NO.1 2. ITEM NO.2 3. ITEM NO.3 4. ITEM NO.4 5. ITEM NO.5				
REMARKS					

DV

DV

DECLARATION OF BIRTH

TO HEAD OF CITY, WARD, TOWN OR VILLAGE DECLARED IN SHOWA YEAR MONTH DAY	ACCEPTANCE	DATE NUMBER	SHOWA YEAR MONTH DAY NO.	REGISTRATION

1	PARENT'S HONSEKI OR NATIONALITY	FATHER	HOUSE NO.	FULL NAME OF PERSON WHO APPEARS FIRST IN KOSEKI FOREIGN COUNTRY			SCHEDULE
		MOTHER	HOUSE NO.	FULL NAME OF PERSON WHO APPEARS FIRST IN KOSEKI FOREIGN COUNTRY			
2	PARENT'S FULL NAME	FATHER		MOTHER			
3	(1) CHILD'S SEX, FULL NAME AND LEGITIMACY	1. MALE 2. FEMALE	FULL NAME		1. LEGITIMATE 2. ILLEGITIMATE (MALE FEMALE)		
4	(2) DATE OF BIRTH	SHOWA YEAR MONTH DAY A.M. P.M. O'CLOCK MINUTE					
5	(3) PLACE OF BIRTH	NO. 1. HOSPITALS 2. CLINIC 3. MIDWIVES HOME 4. HOME 5. OTHER } ITS NAME		LENGTH OF LAST CONTINUOUS STAY IN SAID CITY, WARD, TOWN, VILLAGE UP TO BIRTH BY MOTHER	YEARS MONTHS	DAYS	
6	(4) MOTHER'S JUSHO AT TIME OF BIRTH	CITY, WARD, TOWN, VILLAGE		LENGTH OF LAST CONTINUOUS STAY IN SAID CITY, WARD, TOWN, VILLAGE OF JUSHO UP TO BIRTH BY MOTHER	YEARS MONTHS	DAYS	
7	(5) NUMBER OF CHILDREN DELIVERED TO THIS MOTHER (INCLUDING THIS CHILD)	BORN ALIVE AND LIVING AT TIME OF THIS BIRTH (INCLUDING THIS CHILD).....PERSONS BORN ALIVE AND DEAD AT THIS BIRTH....PERSONS BORN DEAD AT THIS BIRTH (AFTER 5 MONTHS PREGNANCY)...FOETUSES } TOTAL					
8	(6) ATTENDANT AT BIRTH	1. PHYSICIAN 2. MIDWIFE 3. OTHER		FULL NAME			
9	(7) PLACE OF BIRTH OF	FATHER	PREFEC-TURE	IF A FOREIGN COUNTRY	MOTHER	PREFEC-TURE	IF A FOREIGN COUNTRY
10	(8) DATE OF BIRTH OF PARENTS	FATHER	YEAR MONTH DAY		MOTHER	YEAR MONTH DAY	
11	(9) OCCUPATION OF PARENT AT TIME OF BIRTH (10) DATE OF MARRIAGE CEREMONY OF PARENTS	OCCUPATION	FATHER		MOTHER	DATE OF MARRIAGE CEREMONY	YEAR MONTH DAY
12	(11) HONSEKI OR NATIONALITY JUST BEFORE THEIR MARRIAGE (IF NOT MARRIED AT TIME OF THIS BIRTH	FATHER	PREFEC-TURE	NAME OF FOREIGN COUNTRY IF NOT JAPANESE NATIONAL	MOTHER	PREFEC-TURE	NAME OF FOREIGN COUNTRY IF NOT JAPANESE NATIONAL
13	OTHER PARTICULARS						
14	DECLARANT	HONSEKI	HOUSE NO.	FULL NAME OF PERSON WHO APPEARS FIRST IN KOSEKI			
		PRESENT ADDRESS	HOUSE NO.	QUALIFICATION FOR DECLARATION	1. FATHER 2. MOTHER 3. COHABITANTS 4. PHYSICIAN 5. MIDWIFE 5. OTHER ATTENDANT		
		SIGNATURE AND SEAL		DATE OF BIRTH	YEAR MONTH DAY		

MEDICAL CERTIFICATE OF BIRTH

SEX AND FULL NAME OF CHILD AND FULL NAME OF MOTHER	1. MALE 2. FEMALE	FULL NAME		FULL NAME OF MOTHER	
DATE OF BIRTH MONTHS OF PREGNANCY	SHOWA YEAR MONTH DAY A.M. P.M. O CLOCK MINUTE			MONTHS OF PREGNANCY	
PLACE OF BIRTH	CITY, WARD, TOWN, VILLAGE	1. HOSPITAL 2. CLINIC 3. MIDWIFE HOME		ITS NAME	
PLURAL BIRTH	1. TWIN	ORDER OF DELIVERY OF THIS CHILD IN THIS PLURAL BIRTH	1. 1ST. CHILD 2 SECOND CHILD 3. THIRD CHILD		
	2. TRIPLET	OTHER CHILDREN IN THIS PLURAL BIRTH	LIVEBIRTH (INCLUDING MALE FEMALE) STILLBIRTH (INCLUDING MALE FEMALE UNKNOWN)		
HEALTH OF MOTHER AND CHILD AT TIME OF THIS BIRTH	CHILD	HEALTHY, DISEASE OR ABNORMALITY ( )	WEIGHT OF CHILD	GRAMS MOMME	
	MOTHER	HEALTHY, DISEASE OR ABNORMALITY ( )	WHETHER BLOOD TEST WAS MADE DURING PREGNANCY	1. TESTED 2. NOT TESTED	
JUSHO OF PERSON MAKING CERTIFICATION	HOUSE NO.				
I HEREBY CERTIFY THE ABOVE STATEMENT TO BE TRUE AND CORRECT	SHOWA YEAR MONTH DAY	1. PHYSICIAN 2. MIDWIFE 3. OTHER	FULL NAME AND SEAL		

1. THIS DECLARATION SHALL BE MADE WITHIN FOURTEEN (14) DAYS AFTER DATE OF OCCURRENCE OF THE BIRTH TO THE HEAD OF THE CITY, TOWN OR VILLAGE WHERE THE BIRTH TOOK PLACE.
2. ENCIRCLE THE PRINTED WORD WHICH APPLIES. WHEN AN ARABIC FIGURE PRECEDES THE WORD, ENCIRCLE ONLY THE FIGURE. WORDS WHICH ARE NOT ENCIRCLED SHALL NOT BE CROSSED OUT.
3. USE ONLY THE CHINESE CHARACTERS, KATAKANA OR HIRAGANA FOR THE NAME OF THE CHILD. DO NOT USE HENTAI-GANA.
4. IN FILLING OUT COLUMNS (5) AND (6) NEGLECT THE FRACTION LESS THAN ONE MONTH, IF THE LENGTH IS OVER ONE MONTH. STATE THE NUMBER OF DAYS, IF LESS THAN ONE MONTH.
5. A NEW KOSEKI IS SET UP WHEN THE FATHER OR MOTHER OF A LEGITIMATE CHILD, OR THE MOTHER OF AN ILLEGITIMATE IS NOT THE PERSON LISTED FIRST ON THE KOSEKI BOOK OR ITS SPOUSE, AND THE DECLARANT IS THE FATHER OR MOTHER, THE HONSEKI OUGHT TO BE STATED IN COLUMN (13).
6. COLUMN (19) IN THE BIRTH CERTIFICATE IS NOT TO BE FILLED OUT BY ANY PERSON BUT THE PHYSICIAN OR MIDWIFE.
7. THE DECLARATION SHOULD BE MADE IN DUPLICATE IF IT IS DECLARED IN A PLACE OTHER THAN THE PLACE OF HONSEKI OF THE KOSEKI TO WHICH THIS CHILD SHOULD BELONG. IN SUCH CASE, THE DECLARANT MAY COPY THE BIRTH CERTIFICATE FROM THE ORIGINAL TO THE COPY.

(A-29)

DECLARATION OF DEATH

TO HEAD OF CITY, WARD, TOWN OR VILLAGE DECLARED IN SHOWA YEAR MONTH DAY		ACCEPTANCE	DATE	SHOWA YEAR MONTH DAY		REGISTRATION
			NUMBER	NO.		
1 (1) HONSEKI OR NATIONALITY		FULL NAME OF PERSON WHO APPEARS FIRST IN KOSEKI				
		FOREIGN COUNTRY				SCHEDULE
2 (2) SEX AND FULL NAME	1. MALE 2. FEMALE	FULL NAME				
3 (3) DATE OF DEATH	YEAR MONTH DAY A.M. P.M. O'CLOCK MINUTE					
4 (4) PLACE OF OCCURRENCE OF DEATH	NO. 1. HOSPITAL 2. CLINIC 3. MIDWIVES HOME 4. HOME 5. OTHER — ITS NAME	LENGTH OF LAST CONTINU-OUS STAY IN SAID CITY, WARD, TOWN, VILLAGE UP TO DEATH	YEARS MONTHS	DAYS		
5 (5) JUSHO AT TIME OF OCCURRENCE OF DEATH	CITY, WARD TOWN, VILLAGE	LENGTH OF LAST CONTINU-OUS STAY IN SAID CITY, WARD, TOWN, VILLAGE OF JUSHO UP TO DEATH	YEARS MONTHS	DAYS		
6 (6) JUSHO AT TIME OF ONSET OF ILLNESS	CITY, WARD, TOWN, VILLAGE					
7 (7) DATE OF BIRTH	YEAR MONTH DAY	IF LESS THAN ONE DAY OLD, GIVE HOURS & MINUTES	HOURS MINUTES			
8 (8) PLACE OF BIRTH (9) LEGITIMACY OF DECEDENT UNDER 6 YEARS	PREFEC-TURE / IF A FOREIGN COUNTRY	1. LEGITIMATE ILLEGITIMATE — 2. RECOGNIZED BY FATHER 3. NOT RECOGNIZED BY FATHER				
9 (10) MARITAL STATUS (11) DATE OF BIRTH OF SURVIVING SPOUSE	1. SINGLE 2. MARRIED 3. WIDOWED 4. DIVORCED	DATE OF BIRTH OF SURVIVING SPOUSE	YEAR MONTH DAY			
10 (12) OCCUPATION (13)	OCCUPATION OF DE-CEDENT AT TIME OF OCCURRENCE OF DEATH	OCCUPATION OF DE-CEDENT AT OUTSET OF ILLNESS	OCCUPATION OF PRINCIPAL WAGE EARNER			
11 OTHER PARTICULARS						
12 DECLARANT	HONSEKI / NO.	FULL NAME OF PERSON WHO APPEARS FIRST IN KOSEKI				
	PRESENT ADDRESS / NO.	QUALIFICATION FOR DECLARATION	1. COHABITANT RELATIVE 2. COHABITANT OTHER THAN RELATIVE 3. OWNER OR MANAGER OF THE HOUSE OR OF THE LAND			
	SIGNATURE AND SEAL	DATE OF BIRTH	YEAR MONTH DAY			

MEDICAL CERTIFICATE OF DEATH
(POST MORTEM EXAMINATION OF DEAD BODY)

13	FULL NAME		1. MALE 2. FEMALE	AGE (JAPANESE WAY)	YEARS OLD	
14	DATE OF ONSET	SHOWA YEAR MONTH DAY				
15	DATE OF DEATH	SHOWA YEAR MONTH DAY A.M. P.M. O'CLOCK MINUTE				
16	PLACE OF DEATH	(ADDRESS) 1. HOSPITAL 2. CLINIC 3. MIDWIFE HOME — ITS NAME 4. HOME 5. OTHER				
17	TYPE OF DEATH	1. DEATH FROM DISEASE AND NATURAL CAUSES DEATH DUE TO EXTERNAL CAUSE — 2. ACCIDENTAL DEATH DUE TO POISONING 3. OTHER ACCIDENTAL DEATHS 4. SUICIDE 5. MURDER 6. OTHERS				
18	CAUSES OF DEATH	A. DIRECT CAUSE OF DEATH		DURATION OF THE PERIOD OF (A)		
		B. CAUSE OF (A)		DURATION OF THE PERIOD OF (B)		
		C. CAUSE OF (B)		DURATION OF THE PERIOD OF (C)		
		D. COMPLICATIONS AND OTHER PHYSICAL CONDITIONS OF BODY (INCLUDING PREGNANCY WITHIN 3 MONTHS BEFORE DEATH)		DURATION OF THE PERIOD OF (D)		
		PRINCIPAL FINDINGS OF OPERATION		DATE OF THE OPERATION	SHOWA YEAR MONTH DAY	
		PRINCIPAL FINDINGS OF AUTOPSY				
19	ADDITIONAL INFORMATION ON DEATH DUE TO EX-TERNAL CAUSES	MEANS OR TYPES OF DEATH DUE TO THE EXTERNAL CAUSES		DATE OF THE OCCURRENCE OF THE INJURY	SHOWA YEAR MONTH DAY H.M. A.M. P.M.	
		PLACE OF OCCURRENCE OF INJURY	CITY, WARD, TOWN, VILLAGE		1. AT WORK 2. NOT AT WORK	
			1. DWELLING 2. FARM PLACE OF WORK (3. FACTORY 4. MINE 5. OFFICE 6. OTHERS) PUBLIC PLACE (7. ON THE WATER 8. OTHERS)			
	THE DIAGNOSIS HAS BEEN MADE BY ME AS STATED ABOVE (DATE)	ADDRESS TITLE FULL NAME (SEAL)	METRO PREFECTURE COUNTY CITY WARD TOWN VILLAGE PHYSICIAN: DENTIST: HOUSE NO.			

1. THIS DECLARATION SHALL BE MADE WITHIN SEVEN (7) DAYS AFTER THE DATE OF OCCURRENCE OF THE DEATH TO THE HEAD OF THE CITY, WARD, TOWN OR VILLAGE WHERE THE DEATH OCCURRED.
2. ENCIRCLE THE PRINTED WORD WHICH APPLIES. WHEN AN ARABIC FIGURE PRECEDES THE WORD, ENCIRCLE ONLY THE FIGURE. WORDS WHICH ARE NOT ENCIRCLED SHALL NOT BE CROSSED OUT.
3. IN FILLING OUT COLUMNS (4) AND (5), NEGLECT THE FRACTION LESS THAN ONE MONTH IF THE LENGTH IS OVER ONE MONTH. STATE THE NUMBER OF DAYS IF LESS THAN ONE MONTH. IN COLUMN (9), COMMON-LAW MARRIAGES SHALL NOT BE INCLUDED.
4. IF THE DECEDENT HAS TEMPORARY RESIDENCE IN THE PLACE OF DECLARATION, STATE THE PLACE OF TEMPORARY RESIDENCE IN COLUMN (11).
5. THE DECLARATION SHALL BE MADE IN DUPLICATE IF IT IS DECLARED IN A PLACE OTHER THAN THE PLACE OF HONSEKI OF THE DECEDENT. IN SUCH CASES, THE DECLARANT MAY COPY THE MEDICAL CERTIFICATE OF DEATH FROM THE ORIGINAL TO THE COPY.

DECLARATION OF STILLBIRTH

TO: MR. ,HEAD OF CITY, WARD, TOWN, VILLAGE DECLARED ON SHOWA YEAR MONTH DAY	ACCEPTANCE	DATE	SHOWA YEAR MONTH DAY	SCHEDULE PREPARED
		NUMBER		

		FATHER		MOTHER	
1	FULL NAME				
2	(7) DATE OF BIRTH	YEAR MONTH DAY		YEAR MONTH DAY	
3	(8) PLACE OF BIRTH	PREFECTURE	FOREIGN COUNTRY IF NOT JAPAN	PREFECTURE	FOREIGN COUNTRY IF NOT JAPAN
4	(9) HONSEKI OR NATIONALITY OF PARENTS JUST BEFORE DECLARATION OF MARRIAGE (OR AT TIME OF STILLBIRTH IF NOT MARRIED)	PREFECTURE	FOREIGN COUNTRY IF NOT JAPAN	PREFECTURE	FOREIGN COUNTRY IF NOT JAPAN
5	(10) OCCUPATION & INDUSTRY	OCCUPATION		OCCUPATION (INDUSTRY)	
6	(11) PLACE OF STILLBIRTH	HOUSE NO. 1. HOSPITAL 2. CLINIC 3. MIDWIFE HOME 4. HOME 5. OTHER } ITS NAME		LENGTH OF LAST CONTINUOUS STAY OF MOTHER IN SAID CITY, WARD, TOWN OR VILLAGE UP TO STILLBIRTH	YEARS MONTHS DAYS
7	(12) PLACE OF JUSHO OF MOTHER AT TIME OF STILL-BIRTH	CITY, WARD, TOWN, VILLAGE		LENGTH OF LAST CONTINUOUS STAY IN SAID CITY, WARD, TOWN, OR VILLAGE UP TO STILLBIRTH	YEARS MONTHS DAYS
8	(13) WHETHER OR NOT MARRIAGE HAS BEEN DECLARED	ALREADY DECLARED (LEGITIMATE)		NOT YET DECLARED (ILLEGITIMATE)	
9	(14) NUMBER OF CHILDREN DELIVERED TO THIS MOTHER	NUMBER OF CHILDREN LIVING AT TIME OF THIS DELIVERY..... NUMBER OF CHILDREN BORN ALIVE AND DEAD AT TIME OF THIS DELIVERY..... NUMBER OF STILLBIRTH AFTER 5 MONTH OF PREGNANCY (INCLUDING THIS STILLBORN CHILD... NUMBER OF STILLBIRTH IN 4TH. AND 5TH. MONTH OF PREGNANCY (INCLUDING THIS STILLBORN CHILD)..... NUMBER OF MISCARRIAGES BY 3RD. MONTH OF PREGNANCY.....		} TOTAL } TOTAL	} GRAND TOTAL
10	(15) ATTENDANT AT STILLBIRTH	1. PHYSICIAN 2. MIDWIFE 3. OTHER		FULL NAME	
11	JUSHO OF DECLARANT	HOUSE NO.			
12	FULL NAME OF DECLARANT AND RELATIONSHIP TO MOTHER	FULL NAME AND SEAL		RELATIONSHIP	

MEDICAL CERTIFICATE OF STILLBIRTH
(DEAD FETUS EXAMINATION REPORT)

13	(1) FULL NAME OF MOTHER AND SEX OF STILLBORN CHILD	FULL NAME		SEX	MALE FEMALE UNKNOWN
14	PLACE OF STILLBIRTH	CITY, WARD, TOWN, VILLAGE		1. HOSPITAL 2. CLINIC 3. MIDWIFE HOME	(ITS NAME)
15	(2) DATE OF STILLBIRTH (3) MONTHS OF PREGNANCY	SHOWA YEAR MONTH DAY A.M. P.M. O'CLOCK MINUTE		MONTH OF PREGNANCY	MONTHS
16	(4) PLURAL BIRTH	1. TWIN 2. TRIPLET	ORDER OF DELIVERY OF THIS FETUS IN THIS PLURAL BIRTH	1. FIRST CHILD 2. SECOND CHILD 3. THIRD CHILD	
			OTHER CHILDREN IN THIS PLURAL BIRTH	LIVEBIRTH (INCLUDING MALE FEMALE) STILLBIRTH (INCLUDING MALE FEMALE UNKNOWN)	
17	(5) WHETHER NATURAL OR ARTIFICIAL DELIVERY	1. NATURAL 2. ARTIFICIAL (MECHANICAL, CHEMICAL, BOTH, OTHER)			
18	(6) CAUSE OF STILLBIRTH AND COMPLICATIONS DURING PREGNANCY AND DELIVERY (ENCIRCLE MAIN CAUSE)	ON THE SIDE OF FETUS.....	(16) WHETHER BLOOD TEST WAS MADE DURING PREGNANCY		
		ON THE SIDE OF MOTHER	1. TESTED		
		OTHERS OR UNKNOWN	2. NOT TESTED		
19	JUSHO OF PERSON MAKING CERTIFICATION	HOUSE NO.			
20	I HEREBY CERTIFY THE ABOVE STATEMENT TO BE TRUE AND CORRECT	SHOWA YEAR MONTH DAY	PHYSICIAN MIDWIFE OTHER	FULL NAME AND SEAL	

1. THIS DECLARATION OF STILLBIRTH SHALL BE SUBMITTED TO THE HEAD OF THE CITY, WARD, TOWN OR VILLAGE IN WHICH THE STILLBIRTH TOOK PLACE AFTER 3RD. MONTH (INCLUDING 4TH MONTH) OF PREGNANCY, WITHIN 7 DAYS AFTER THE STILLBIRTH OCCURRED.

2. THE ORDER OF THE DECLARANT OF THE STILLBIRTH SHALL BE AS FOLLOWS:

   1. FATHER 2. MOTHER 3. INMATE OF THE FAMILY 4. PHYSICIAN OR MIDWIFE IN ATTENDANCE AT THE STILLBIRTH 5. OTHER THAN PHYSICIAN OR MIDWIFE WHO ATTENDED THE PREGNANT WOMAN AT DELIVERY.

3. DECLARATION OF MARRIAGE IN (4) "HONSEKI OR NATIONALITY OF PARENTS JUST BEFORE DECLARATION OF MARRIAGE" SHALL MEAN DECLARATION OF MARRIAGE WHICH TOOK PLACE BETWEEN THE FATHER AND THE MOTHER OF THE STILLBORN CHILD.

4. IN CASE A MEDICAL CERTIFICATE OF STILLBIRTH OR A DEAD FETUS EXAMINATION REPORT REQUIRED TO BE FILLED OUT BY A PHYSICIAN OR MIDWIFE CANNOT BE OBTAINED, THE DECLARANT SHALL WRITE THE REASON WHY IT CANNOT BE OBTAINED IN THE MARGIN OF THE DECLARATION FORM, AND PERSON ACTING AS ATTENDANT SHALL FILL OUT EACH ITEM AS COMPLETELY AS POSSIBLE EXCEPT FOR (17) AND (18). IN SUCH CASE, BEFORE THE TITLE "MEDICAL CERTIFICATE OF STILLBIRTH" THE WORD "WITNESS'S" SHALL BE WRITTEN AS "WITNESS'S MEDICAL CERTIFI-CATE OF STILLBIRTH."

5. IN THE COLUMN (10) ATTENDANT AT STILLBIRTH ONLY ONE NAME OF A PHYSICIAN, MIDWIFE OR OTHER PERSON SHALL BE WRITTEN AND IN THAT ORDER.

6. WHEN A PHYSICIAN OR MIDWIFE ACTUALLY ATTENDS A STILLBIRTH OR HAS EXAMINED THE MOTHER DURING PREGNANCY A "MEDICAL CERTIFICATE OF STILLBIRTH" SHALL BE FILLED OUT BY THE PHYSICIAN OR MIDWIFE; IN CASE NO PHYSICIAN OR MIDWIFE WAS PRESENT AT THE STILLBIRTH OR NEVER EXAMINED THE MOTHER DURING PREGNANCY, BUT ONLY EXAMINED THE DEAD FETUS, ONLY A "DEAD FETUS EXAMINATION REPORT" WILL BE FILLED OUT. WHENEVER A DEAD FETUS EXAMINATION REPORT IS MADE, THIS WILL BE SHOWN BY CROSSING OUT WORDS "MEDICAL CERTIFI-CATE OF STILLBIRTH" IN THE TITLE.

DECLARATION OF MARRIAGE

TO MR.—— HEAD OF CITY, WARD, TOWN OR VILLAGE DECLARED ON SHOWA YEAR MONTH DAY	ACCEPTANCE	DATE	SHOWA YEAR MONTH DAY	RECORDED IN KOSEKI
		NUMBER	NO.	

1	(1) HONSEKI OR NATIONALITY	HUSBAND	HOUSE NO.	FULL NAME OF PERSON WHO APPEARS FIRST IN KOSEKI		SCHEDULE PREPARED
				FOREIGN COUNTRY, IF NOT JAPAN		
		WIFE	HOUSE NO.	FULL NAME OF PERSON WHO APPEARS FIRST IN KOSEKI		
				FOREIGN COUNTRY, IF NOT JAPAN		
2	(2) FULL NAME	HUSBAND		WIFE		
3	(3) DATE OF BIRTH	HUSBAND	YEAR MONTH DAY	WIFE	YEAR MONTH DAY	
4	(4) SURNAME ASSUMED BY HUSBAND AND WIFE. NEW KOSEKI IN CASE NEW KOSEKI IS ESTABLISHED	1. SURNAME OF HUSBAND BY MARRIAGE 2. SURNAME OF WIFE BY MARRIAGE		NEW HONSEKI		
5	HONSEKI AND FULL NAME OF PARENTS (HONSEKI AND FULL NAME OF PARENTS BY ADOPTION SHALL BE STAT -ED IN 13 COLUMN)	FATHER OF HUSBAND	HOUSE NO.	FULL NAME		
		MOTHER OF HUSBAND	HOUSE NO.	FULL NAME		
		FATHER OF WIFE	HOUSE NO.	FULL NAME		
		MOTHER OF WIFE	HOUSE NO.	FULL NAME		
6	(5) PLACE AND DATE OF MARRIAGE CEREMONY	PLACE	CITY, WARD TOWN, VILLAGE	DATE	YEAR MONTH DAY	
7	(6) PLACE OF JUSHO IMME- DIATELY BEFORE MARRI- AGE CEREMONY	HUSBAND	CITY, WARD, TOWN, VILLAGE	LENGTH OF LAST CON -TINUOUS STAY IN SAID CITY, WARD, TOWN OR VILLAGE OF JUSHO	YEARS MONTHS DAYS	
		WIFE	CITY, WARD, TOWN, VILLAGE		YEARS MONTHS DAYS	
8	(7) MARITAL STATUS	HUSBAND	1. SINGLE 2. WIDOWED 3. DIVORCED 4. ANNULLED MARRIAGE			
			DATE OF LAST SEPARATION	YEAR MONTH DAY		

8	(7) MARITAL STATUS	HUSBAND	NUMBER OF TIMES	WIDOWED DIVORCED ANNULLED MARRIAGE		
		WIFE	1. SINGLE 2. WIDOWED 3. DIVORCED 4. ANNULLED MARRIAGE			
			DATE OF LAST SEPARATION	YEAR MONTH DAY		
			NUMBER OF TIMES	WIDOWED DIVORCED ANNULLED MARRIAGE		
9	(8) OCCUPATION IMMEDIATELY BEFORE MARRIAGE CERE -MONY	HUSBAND		WIFE		
10	(9) PLACE OF BIRTH	HUSBAND	PREFEC -TURE	FOREIGN COUNTRY, IF NOT JAPAN	WIFE PREFEC -TURE	FOREIGN COUNTRY, IF NOT JAPAN
11	(10) LAST SCHOOL GRADE COM- PLETED	HUSBAND	1. UNEDUCATED 2. NOT GRADUATED FROM PRIMARY SCHOOL 3. GRADUATED FROM PRIMARY SCHOOL 4. GRADUATED FROM SECONDARY SCHOOL 5. GRADUATED FROM HIGHER SCHOOL OR COLLEGE 6. GRADUATED FROM UNIVERSITY			
		WIFE	1. UNEDUCATED 2. NOT GRADUATED FROM PRIMARY SCHOOL 3. GRADUATED FROM PRIMARY SCHOOL 4. GRADUATED FROM SECONDARY SCHOOL 5. GRADUATED FROM HIGHER SCHOOL OR COLLEGE 6. GRADUATED FROM UNIVERSITY			
12	(11) PLACE OF BIRTH OF PARENTS	FATHER OF HUSBAND	PREFEC -TURE	FOREIGN COUNTRY, IF NOT JAPAN	MOTHER OF HUSBAND PREFEC -TURE	FOREIGN COUNTRY, IF NOT JAPAN
		FATHER OF WIFE	PREFEC -TURE	FOREIGN COUNTRY, IF NOT JAPAN	MOTHER OF WIFE PREFEC -TURE	FOREIGN COUNTRY, IF NOT JAPAN
13	OTHER PARTICULARS					
14	DECLARANT	HUSBAND	PRESENT ADDRESS	HOUSE NO.	SIGNATURE AND SEAL	
		WIFE	PRSENT ADDRESS	HOUSE NO.	SIGNATURE AND SEAL	
15	WITNESS	HONSEKI	HOUSE NO.	SIGNATURE AND SEAL		
		PRESENT ADDRESS	HOUSE NO.	DATE OF BIRTH	YEAR MONTH DAY	
		HONSEKI	HOUSE NO.	SIGNATURE AND SEAL		
		PRESENT ADDRESS	HOUSE NO.	DATE OF BIRTH	YEAR MONTH DAY	

1. ENCIRCLE THE PRINTED WORD WHICH APPLIES. WHEN AN ARABIC FIGURE PRECEDES THE WORD, ENCIRCLE ONLY THE FIGURE. WORDS WHICH ARE NOT ENCIRCLED SHALL NOT BE CROSSED OUT.
2. IF A HUSBAND IS NOT THE PERSON FIRST LISTED IN THE KOSEKI RECORD WHEN THE COUPLE ASSUMES THE HUSBAND'S SURNAME, OR IF A WIFE IS NOT THE PERSON FIRST LISTED IN THE KOSEKI RECORD WHEN THE COUPLE ASSUMES THE WIFE'S SURNAME, A NEW KOSEKI MUST BE SET UP AND THE NEW HONSEKI STATED IN COLUMN 4.
3. IN FILLING OUT COLUMN 7, NEGLECT FRACTION LESS THAN ONE MONTH, IF THE LENGTH IS OVER ONE MONTH. STATE THE NUMBER OF DAYS, IF LESS THAN ONE MONTH. IN FILLING OUT COLUMN 8, COMMON-LAW MARRIAGES SHALL NOT BE INCLUDED. AS TO COLUMN 7 AND 9, IF THE WEDDING CEREMONY IS NOT CELEBRATED, THE TIME OF THIS DECLARATION SHOULD BE CONSIDERED AS THE BASIS OF THE STATEMENT.
4. THE PARENTS (PARENTS-IN-LAW IN CASE OF ADOPTED SON, AGREEMENT AS TO CHILD UNDER AGE) SHOULD BE STATED IN COLUMN 13 OR A STATEMENT SHOULD BE SUBMITTED AS AN AT- TACHED DOCUMENT TO THIS DECLARATION.
5. IF THE TEMPORARY RESIDENCE OF HUSBAND OR WIFE IS IN THE PLACE OF DECLARATION, STATE THE TEMPORARY RESIDENCE IN COLUMN 13.
6. WHEN THE DECLARATION IS MADE IN A PLACE OTHER THAN THE PLACE OF HONSEKI OF HUSBAND OR WIFE, TWO DECLARATIONS SHALL BE SUBMITTED, TOGETHER WITH A COMPLETE OR PARTIAL COPY OF THE KOSEKI RECORD OF THE HUSBAND OR WIFE WHO DOES NOT HAVE HIS OR HER HONSEKI IN THE PLACE OF DECLARATION.

DECLARATION OF DIVORCE

TO MR.— HEAD OF CITY, WARD, TOWN OR VILLAGE		ACCEPTANCE	(14) DATE	SHOWA YEAR MONTH DAY		RECORDED IN KOSEKI
DECLARED IN SHOWA YEAR MONTH DAY			NUMBER	NO.		
1	HONSEKI OR NATIONALITY	HOUSE NO.	FULL NAME OF PERSON WHO APPEARS FIRST IN KOSEKI			
			FOREIGN COUNTRY, IF NOT JAPAN			SCHEDULE PREPARED
2	(1) FULL NAME	HUSBAND		WIFE		
3	(2) DATE OF BIRTH	HUSBAND	YEAR MONTH DAY	WIFE	YEAR MONTH DAY	
4	(3) TYPE OF DIVORCE	1. MUTUAL CONSENT 2. BY MEDIATION 3. ORDER OF COURT OF DOMESTIC-RELATION 4. ORDER OF ORDINARY COURT				
5	PERSON RESUMING SURNAME BEFORE MARRIAGE AND RETURNING TO OLD KOSEKI OR MAKING UP NEW KOSEKI	1. HUSBAND 2. WIFE	1. RETURNING TO OLD KOSEKI 2. MAKING UP NEW KOSEKI			
6	OLD HONSEKI RETURNED TO OR NEW KOSEKI	HOUSE NO.	FULL NAME OF PERSON LISTED FIRST IN OLD KOSEKI RETURNED TO			
			RESUMED SURNAME IN CASE OF MAKING UP NEW KOSEKI			
7	FULL NAME OF MINOR CHILD AND THE PARTY WHO IS TO EXERCISE PARENTAL POWER	FULL NAME OF CHILD SUBJECTED TO PARENTAL POWER OF HUSBAND		FULL NAME OF CHILD SUBJECTED TO PARENTAL POWER OF WIFE		
8	FULL NAME OF PARENTS (FULL NAME OF PARENTS BY ADOPTION SHALL BE STATED IN (20) COLUMN)	HUSBAND	FATHER	MOTHER		
		WIFE	FATHER	MOTHER		
9	(4) PLACE OF JUSHO AT TIME OF DIVORCE	HUSBAND	CITY, WARD, TOWN, VILLAGE	LENGTH OF LAST CONTINUOUS STAY IN SAID CITY, WARD, TOWN OR VILLAGE OF JUSHO	YEARS MONTHS DAYS	
		WIFE	CITY, WARD, TOWN, VILLAGE		YEARS MONTHS DAYS	
10	(5) OCCUPATION	HUSBAND		WIFE		
11	(6) LAST SCHOOL GRADE COMPLE-TED	HUSBAND	1. UNEDUCATED 2. NOT GRADUATED FROM PRIMARY SCHOOL 3. GRADUATED FROM PRIMARY SCHOOL 4. GRADUATED FROM SECONDARY SCHOOL 5. GRADUATED FROM HIGHER SCHOOL OR COLLEGE 6. GRADUATED FROM UNIVERSITY			
		WIFE	1. UNEDUCATED 2. NOT GRADUATED FROM PRIMARY SCHOOL 3. GRADUATED FROM PRIMARY SCHOOL 4. GRADUATED FROM SECONDARY SCHOOL 5. GRADUATED FROM HIGHER SCHOOL OR COLLEGE 6. GRADUATED FROM UNIVERSITY			
12	(7) PLACE OF BIRTH	HUSBAND	PREFEC-TURE	FOREIGN COUNTRY, IF NOT JAPAN	WIFE PREFEC-TURE	FOREIGN COUNTRY, IF NOT JAPAN
13	(8) PLACE AND DATE OF MARRIAGE CEREMONY	PLACE	CITY, WARD, TOWN, VILLAGE	DATE	YEAR MONTH DAY	
14	(9) YEAR AND MONTH OF DE-CLARATION OF MARRIAGE (10) HONSEKI OR NATIONALITY AT SAID TIME	YEAR MONTH	HUSBAND PREFEC-TURE	FOREIGN COUNTRY, IF NOT JAPAN	WIFE PREFEC-TURE	FOREIGN COUNTRY, IF NOT JAPAN
15	(11) DATE OF SEPARATION OF LIVING TOGETHER AND NUMBER OF TIMES DIVOR-CED (INCLUDING THIS ONE)	DATE	YEAR MONTH DAY	HUSBAND TIMES	WIFE	TIMES
16	(12) NUMBER OF CHILDREN FROM THIS MARRIAGE	TOTAL		CHILDREN UNDER 18 YEARS OF AGE LIVING AT TIME OF DIVORCE		
17	(13) DATE OF FILING COURT PETITION FOR DIVORCE OR MEDIATION AND PLAIN-TIFF	DATE	YEAR MONTH DAY	1. HUSBAND 2. WIFE		
18	(14) DATE OF GRANTING FINAL DEGREE OF DIVORCE OR MEDIATION (15) LOCATION OF COURT	DATE	YEAR MONTH DAY	PLACE	CITY, WARD, TOWN, VILLAGE	
19	(16) ALLEGED CAUSES OF DIVORCE BY COURT (EACH ITEM OF ART. 770, PAR. 1 OF CIVIL CODE)	1. ITEM 2. ITEM 3. ITEM 4. ITEM 5. ITEM				
20	OTHER PARTICULARS					
21	DECLARANT HUSBAND	PRESENT ADDRESS	HOUSE NO.	SIGNATURE AND SEAL		
	DECLARANT WIFE	PRESENT ADDRESS	HOUSE NO.	SIGNATURE AND SEAL		
22	WITNESS	HONSEKI	HOUSE NO.	SIGNATURE AND SEAL		
		PRESENT ADDRESS	HOUSE NO.	DATE OF BIRTH	YEAR MONTH DAY	
		HONSEKI	HOUSE NO.	SIGNATURE AND SEAL		
		PRESENT ADDRESS	HOUSE NO.	DATE OF BIRTH	YEAR MONTH DAY	

1. ENCIRCLE THE PRINTED WORD WHICH APPLIES. WHEN AN ARABIC FIGURE PRECEDES THE WORD, ENCIRCLE ONLY THE FIGURE. WORDS WHICH ARE NOT ENCIRCLED SHALL NOT BE CROSSED OUT.
2. THE HUSBAND OR WIFE WHO RESUMES THE SURNAME BEFORE MARRIAGE, AS A RULE, RETURNS TO HIS OR HER FORMER KOSEKI. IF THE FORMER KOSEKI HAS BEEN ABOLISHED OR HE OR SHE WANTS TO SET UP A NEW KOSEKI, IT CAN BE DONE.
3. THIS DECLARATION WILL NOT BE ACCEPTED WHEN A CHILD UNDER AGE IS INVOLVED, UNLESS THE PERSON THAT WILL HAVE PARENTAL AUTHORITY HAS BEEN DECIDED UPON.
4. IN FILLING OUT COLUMN 9 NEGLECT THE FRACTION LESS THAN ONE MONTH IF THE LENGTH IS OVER ONE MONTH. STATE THE NUMBER OF DAYS, IF LESS THAN ONE MONTH. IN FILLING OUT COLUMN 15, DO NOT INCLUDE COMMON-LAW-MARRIAGES.
5. IF THE TEMPORARY RESIDENCE OF THE HUSBAND OR WIFE IS IN THE CITY, WARD, TOWN OR VILLAGE IN WHICH THE DECLARATION IS MADE, STATE THE TEMPORARY RESIDENCE IN COLUMN 20.
6. NO WITNESSES ARE NEEDED FOR DIVORCE OTHER THAN BY MUTUAL CONSENT, BUT IN SUCH CASE A COPY OF THE DOCUMENT OF MEDIATION OR TRIAL, SHOULD BE ATTACHED TO THE DECLARATION.
7. THE DECLARATION SHOULD BE MADE IN DUPLICATE IF IT IS DECLARED IN A PLACE OTHER THAN THE PLACE OF HONSEKI. WHEN A HUSBAND OR WIFE RETURNS TO HIS OR HER KOSEKI OTHER THAN IN THE PLACE OF HONSEKI OR DECLARATION OR IF A NEW KOSEKI IS SET UP, THE DECLARATION SHALL BE MADE IN TRIPLICATE TOGETHER WITH A COMPLETE COPY OF THE KOSEKI RECORD.